

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # N00472

1. Entity Name

PRAYER & HEALING TEMPLE INC.

00 JAN 19 AM 9:03

Principal Place of Business

409 3RD ST. SE  
HAVANA FL 32333

Mailing Address

409 S.E. 3RD ST.  
HAVANA FL 32333-2107

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

409 3rd St. SE  
Havana, Fla. 32333  
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Havana, Fla.

4. FEI Number

59-2364224

Applied For  
Not Applicable

Zip

32333

Country

Gasden

Zip

32333

Country

Gasden

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, CHRISTINE M  
409 3RD ST. SE  
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	ROBINSON, JIM R	<input type="checkbox"/> Delete
NAME		409 SE 3 ST	
STREET ADDRESS		HAVANA FL	
CITY-ST-ZIP			
TITLE	EVD	ROBINSON, CHRISTINE	<input type="checkbox"/> Delete
NAME		409 3RD ST. S.E.	
STREET ADDRESS		HAVANA FL	
CITY-ST-ZIP			
TITLE	D	HARDY, JIMMY	<input type="checkbox"/> Delete
NAME		RT-2 BOX 123-C	
STREET ADDRESS		QUINCY FL	
CITY-ST-ZIP			
TITLE	D	ROBINSON, JACQUELINE SIS	<input type="checkbox"/> Delete
NAME		409 3RD ST. S.E.	
STREET ADDRESS		HAVANA FL	
CITY-ST-ZIP			
TITLE	D	HERMON, MAE HELEN REV	<input type="checkbox"/> Delete
NAME		RT 2 BOX 123-C	
STREET ADDRESS		QUINCY FL	
CITY-ST-ZIP			
TITLE	REV	ROBINSON, CHRISTINE EVD	<input type="checkbox"/> Delete
NAME		409 3RD ST SE	
STREET ADDRESS		HAVANA FL	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Jessie Charleston	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		409 SE 3rd St	
STREET ADDRESS		Havana, Fla 32333	
CITY-ST-ZIP			
TITLE		Brenda Washington	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		P.O. Box 2412	
STREET ADDRESS		Havana, Fla 32333-2412	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christine Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #