

# 2002 UNIFORM BUSINESS REPORT (UBR)

0061734

DOCUMENT # N00472

1. Entity Name

PRAYER & HEALING TEMPLE INC.

FILED

02 JAN 30 PM 4:52

Principal Place of Business

409 3RD STREET S.E.  
HAVANA FL 32333

Mailing Address

409 3RD STREET S.E.  
HAVANA FL 32333

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2364224

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME ROBINSON, JIM R  
STREET ADDRESS 409 SE 3 ST  
CITY-ST-ZIP HAVANA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EVD ☐ Delete  
NAME ROBINSON, CHRISTINE  
STREET ADDRESS 409 3RD ST. S.E.  
CITY-ST-ZIP HAVANA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HARDY, JIMMY  
STREET ADDRESS RT 2 BOX 123-C  
CITY-ST-ZIP QUINCY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ROBINSON, JACQUELINE SIS  
STREET ADDRESS 409 3RD ST. S.E.  
CITY-ST-ZIP HAVANA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HERMON, MAE HELEN REV  
STREET ADDRESS RT 2 BOX 123-C  
CITY-ST-ZIP QUINCY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE REV ☐ Delete  
NAME ROBINSON, CHRISTINE EVD  
STREET ADDRESS 409 3RD ST SE  
CITY-ST-ZIP HAVANA FL

TITLE ☐ Change ☐ 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, or other like empowered.

SIGNATURE:

*Christine Robinson*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan, 25, 2002

CR2E037 (9/01)