

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0067242

DOCUMENT # N00472

1. Entity Name

PRAYER & HEALING TEMPLE INC.



FILED

03 JAN -9 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

409 3RD STREET S.E.  
HAVANA FL 32333

Mailing Address

409 3RD STREET S.E.  
HAVANA FL 32333

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7000104016407	
STREET ADDRESS	01/21/03--01104--003 **70.00	
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:

SIGNATURE REQUIRED

*Christine Robinson* 1/6/03

CR2E037 (10/02)