

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000000476

FILED
Sep 05, 2002
Secretary of State

Entity Name: HOUSE OF PRAYER AND DELIVERANCE MINISTRIES INC.

Current Principal Place of Business:

806 SOUTH EDGEWOOD AVE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

806 SOUTH EDGEWOOD AVE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3693330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BODIE, CURKLYN
806 SOUTH EDGEWOOD AVE
JACKSONVILLE, FL 32205

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRUS () Change (X) Addition
Name: HOLLOWAY, CHANDRA N TREASUR
Address: 1591 LANE AVENUE SOUTH APT 6B
City-St-Zip: JACKSONVILLE, FL 32210

Title: TRUS () Change (X) Addition
Name: HOWZE, JAYSHANNA N SECRETA
Address: 2837 COMMONWEALTH AVENUE
City-St-Zip: JACKSONVILLE, FL 32254

Title: DIRE () Change (X) Addition
Name: BODIE, CURKLYN M PRESIDE
Address: 3534 DELLWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CURKLYN BODIE

DIRE

09/05/2002

Electronic Signature of Signing Officer or Director

Date