

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91648 041 \*\*\*\*70.00

**DOCUMENT # NO1000008190**

1. Entity Name

**ANOINTED FIRE INTERNATIONAL PRAYER AND OUTREACH, INC.**

Principal Place of Business

**3803 NE 13TH ST.  
 GAINESVILLE FL 32609**

Mailing Address

**3803 NE 13TH ST.  
 GAINESVILLE FL 32609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3758443**

Applied For

Not Applicable

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

**MORRIS, ERA  
 63803 NE 13TH ST.  
 GAINESVILLE FL 32609**

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 **PD** ☐ Delete  
 NAME **MORRIS, ERA**  
 STREET ADDRESS **3803 NE 13TH ST.**  
 CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE **VD** ☐ Delete  
 NAME **FLOWERS, TALAYA**  
 STREET ADDRESS **4400 SW 20TH AVE., LOT 61**  
 CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **SD** ☐ Delete  
 NAME **DEIBERT, MARY L**  
 STREET ADDRESS **4300 18TH ST. W., APT. 104 G**  
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☒ Addition  
 NAME **Lyndetta Span**  
 STREET ADDRESS **3025 N.W. 43rd St**  
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** ☒ Delete  
 NAME **MITCHELL, STEPHANIE**  
 STREET ADDRESS **3725 WEETAMORE CIR.**  
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☐ Addition  
 NAME ~~MAURIS, Brandon~~  
 STREET ADDRESS ~~3803 NE 13th Street~~  
 CITY-ST-ZIP ~~Gainesville, FL 32609~~

TITLE **D** ☐ Delete  
 NAME **MAJOR, MICHAEL**  
 STREET ADDRESS **328 SW 34TH ST., #8**  
 CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **D** ☐ Delete  
 NAME **BRANTLEY, ELIJAH III**  
 STREET ADDRESS **1510 NW 55TH ST.**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

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, with all other like empowered.

**SIGNATURE: ERA MORRIS REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-2-02 352-371-0645**

CR2E037 (9/01)