

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91174 027 \*\*\*\*61.25

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<b>DOCUMENT # N01000008230</b>			
<b>1. Entity Name</b> HOUSE OF PRAYER AND MIRACLE CENTER, INC.			
<b>Principal Place of Business</b> 8533 CLARIDGE DRIVE MIRAMAR FL 33025		<b>Mailing Address</b> 8533 CLARIDGE DRIVE MIRAMAR FL 33025	
<b>2. Principal Place of Business</b> 19501 NW 2nd Avenue Suite, Apt. #, etc. MIAMI, FLORIDA City & State		<b>3. Mailing Address</b> 8533 Claridge Dr Suite, Apt. #, etc. MIRAMAR, FL City & State	
Zip 33169 Country U.S.A		Zip 33025 Country U.S.A	
<b>4. FEI Number</b> 27-0003903		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FABIO, HERBERT 7231 SW 130 AVENUE MIAMI FL 33183		<b>7. Name and Address of New Registered Agent</b> Name: BOLATIDU IDOWU Street Address (P.O. Box Number is not Acceptable): 8533 Claridge Drive City: Miramar State: Florida Zip Code: 33025	
<b>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.</b> SIGNATURE:  DATE: 4/12/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IDOWU, BOLATIDU 8533 CLARIDGE DRIVE MIRAMAR FL 33025	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OBOHAD, GODWIN 8420 SHOWMAN CIRCLE NORTH MIRAMAR FL 33025	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUSH, SANDI P.O. BOX 013031 MIAMI FL 33101	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
SIGNATURE:  DATE: 4/17/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E037 (10/02)