

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


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

04-21-2003 90312 038 ****61.25

0082730

DOCUMENT # N02000000795

1. Entity Name
HOUSE OF PRAYER OF WESLEY CHAPEL, INC.



Principal Place of Business
**7322 RICHLAND ST.
WESLEY CHAPEL FL 33544**

Mailing Address
~~7322 RICHLAND ST.
WESLEY CHAPEL FL 33544~~
See Below



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7563
Suite, Apt. #, etc.
tc

CHECK HERE IF MAKING CHANGES

City & State
Wesley Chapel, FL

Zip
33543

Country
USA

4. FEI Number
91-2172888

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEREA, JOSEPH
7322 RICHLAND ST.
WESLEY CHAPEL FL 33544

7. Name and Address of New Registered Agent

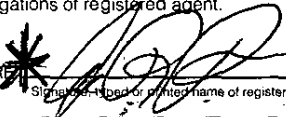
Name

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  **JOSEPH PEREA** *4/18/03*

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREA, JOSEPH	
STREET ADDRESS	7322 RICHLAND ST.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REEDER, ERIC	
STREET ADDRESS	7322 RICHLAND ST.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COX, CHRISTINE	
STREET ADDRESS	7322 RICHLAND ST.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELAHAYE, DAVE	
STREET ADDRESS	7322 RICHLAND ST.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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:  **4/16/03** *813-994-5894*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)