

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000002698

FILED
May 01, 2003
Secretary of State

Entity Name: THRONEROOM (TRUST) PRAYER MINISTRY, INC.

Current Principal Place of Business:

3200 APALACHEE PKWY.
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5845
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUDU, JONATHAN
5639 CYPRESS CIRCLE
TALLAHASSEE, FL 32303 US

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: D () Delete
Name: HARTZ, DAVID
Address: 3487 HYDE PARK WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: WILLIAMS, IVEY
Address: 1034 CARRIN DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: EMMANUEL, KURE
Address: 5639 CYPRESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: IVEY L. WILLIAMS

D

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date