

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90471 044 ****61.25

DOCUMENT # **N02000003124**

1. Entity Name

MY FATHER'S HOUSE - A HOUSE OF PRAYER, INC.



Principal Place of Business

**10960 ORANGE RIVER BOULEVARD
FORT MYERS FL 33905**

Mailing Address

**10960 ORANGE RIVER BOULEVARD
FORT MYERS FL 33905**

2. Principal Place of Business

3. Mailing Address

P.O. Box 50368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Myers, Fla

Zip

Country

Zip

Country

33994

Lce

4. FEI Number

03-0429906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BAILEY, CARL F
10960 ORANGE RIVER BOULEVARD
FORT MYERS FL 33905**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **BAILEY, CARL F**
STREET ADDRESS **4480 STALEY ROAD**
CITY-ST-ZIP **FORT MYERS FL 33905**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **VD**
NAME **GRGURICH, TODD**
STREET ADDRESS **2625 QUEEN DRIVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **STD**
NAME **BAILEY, LAVENIA**
STREET ADDRESS **4480 STALEY ROAD**
CITY-ST-ZIP **FORT MYERS FL 33905**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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

Carl F Bailey Pres

2-27-03

239-693-2614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)