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

FILED

03 SEP 16 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005118

1. Entity Name
THE HOUSE OF PRAYER, FAITH AND DELIVERANCE OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
8427 MILANO DRIVE #1531 ORLANDO, FL 32810	8427 MILANO DRIVE #1531 ORLANDO, FL 32810

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
200 Ave K SE	200 Ave K SE
Suite, Apt. #, etc.: 315	Suite, Apt. #, etc.: 315
City & State: Winter Haven	City & State: Winter Haven
Zip: 33880 Country:	Zip: 33880 Country:

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, KENNETH L
8427 MILANO DRIVE #1531
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name: Sherril R. Gamble
Street Address (P.O. Box Number is Not Acceptable): 200 Ave K SE # Apt 315
City: Winter Haven FL Zip Code: 33880

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: Sherril R. Gamble (PD) DATE: 9/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW. FEE IS $61.25 Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD MURRAY, KENNETH L 8427 MILANO DRIVE #1531 ORLANDO, FL 32810	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD Kenneth L. Murray 200 Ave K SE Apt #315 Winter Haven, Fl 33880	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURRAY, VELVEA B 8427 MILANO DRIVE #1531 ORLANDO, FL 32810	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sherril R. Gamble 200 Ave K SE Apt #315 Winter Haven, Fl 33880	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DENNIS, DAVID 6437 DEHA LEAH DRIVE ORLANDO, FL 32818	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Wanda Perkins 139 Dairy Road Auburndale, Fl 33823	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100023107371 09/16/03--01044--004 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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.

863-318-3463-W

SIGNATURE: Sherril R. Gamble (PD) 9/9/03 863-297-4229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 9/16