2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006111

FILED Apr 30, 2003 Secretary of State

Entity Name: INTERDENOMINATIONAL HOUSE OF PRAYER AND TESTIMONY INC.

Current Principal Place of Business: New Principal Place of Business: 2225 EAST 131ST AVENUE #5104 5331 VINELAND ROAD TAMPA, FL 33612 ORLANDO, FL 32811 US **Current Mailing Address: New Mailing Address:** 2225 EAST 131ST AVENUE #5104 P. O. BOX 692122 TAMPA, FL 33612 ORLANDO, FL 32869 US **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OHIOMOBA, EMMANUEL OHIOMOBA, EMMANUEL 2225 EAST 131ST AVENUE #5104 5331 VINELÂND ROAD TAMPA, FL 33612 ORLANDO, FL 32811 US 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: 04/30/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete OHIOMOBA, EMMANUEL OHIOMOBA, EMMANUEL Name: Name: 2225 EAST 131ST AVENUE #5104 Address: 5331 VINELAND ROAD Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: ORLANDO, FL 32811 US Title: () Delete Title: () Change (X) Addition IWERE, VERONICA O MRS Name: Name: Address: Address: C/O P. O. BOX 692122 City-St-Zip: City-St-Zip: ORLANDO, FL 32869 US Title: () Delete Title: () Change (X) Addition Name: EGBE, JOYCE E Name: C/O P. O. BOX 692122 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32869 US Title: () Delete Title: () Change (X) Addition Name: Name: IWERE, EDWARD I C/O P. O. BOX 692122 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32869 US Title: () Delete Title: () Change (X) Addition IWERE, VINCENT E Name: Name: C/O P. O. BOX 692122 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32869 US Title: () Delete Title: () Change (X) Addition IWERE, NELLY O Name: Name: Address: Address: C/O P. O. BOX 692122 ORLANDO, FL 32869 US City-St-Zip: 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: EMMANUEL OHIOMOBA P 04/30/2003

MARK I. IWERE DIRECTOR C/O P. O. BOX 692122 ORLANDO, FL 32869, US

GEORGINA E. IWERE C/O P. O. BOX 692122 ORLANDO, FL 32869, US

WINIFRED E. IWERE DIRECTOR C/O P. O. BOX 692122 ORLANDO, FL 32869, US

PAMELA O. IWERE DIRECTOR C/O P. O. BOX 692122 ORLANDO, FL 32869, US