

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

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90096 024 ****62.00

DOCUMENT # N03000000226

1. Entity Name
**INTERNATIONAL HOUSE OF PRAYER EVANGELISTIC MINIS-
TRIES, INC.**



Principal Place of Business
**6035 FT. CAROLINE ROAD
JACKSONVILLE FL 32277**

Mailing Address
**6035 FT. CAROLINE ROAD
JACKSONVILLE FL 32277**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6035 Ft. Caroline Rd
Suite, Apt. #, etc.
4

3. Mailing Address
6035 Ft Caroline Rd
Suite, Apt. #, etc.
4

City & State
Jacksonville, FL
Zip
32277
Country
DUVAL

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Jacksonville, FL
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32277
Country
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4. FEI Number
01-0767153

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TAYLOR, ANGELA L
377 GAVAGAN ROAD
ATLANTIC BEACH FL 32223**

7. Name and Address of New Registered Agent

Name **Dedra Gomez**
Street Address (P.O. Box Number Is Not Acceptable)

6035 Ft. Caroline Road
City **Jacksonville** **FL** Zip Code **32277**

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 **Dedra Gomez**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/15/03
DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	D SNEED WOOLDRIDGE, DELORES 6035 FT. CAROLINE ROAD JACKSONVILLE FL 32277 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ANGELA L 6035 FT. CAROLINE ROAD JACKSONVILLE FL 32277 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, DEDRA 6035 FT. CAROLINE ROAD JACKSONVILLE FL 32277 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Dedra Gomez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/03 (904) 646-5100
Date Daytime Phone #

CR2E037 (4/03)