

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90113 001 ****61.25
 01-31-2002 90113 002 ****8.75

DOCUMENT # N04205

1. Entity Name

APOSTOLIC HOUSE OF PRAYER, INCORPORATED

Principal Place of Business

Mailing Address

%MARY LEE MOORE
1032 N. WALKER AVE.
LAKELAND FL 33805-4276

o/p **%MARY LEE MOORE**
1032 N. WALKER AVE.
LAKELAND FL 33805-4276



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

116 N Zerkos Ave
LAKELAND

City & State
FLA

City & State

4. FEI Number

59-2869909

Applied For

Not Applicable

Zip

33805

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, MARY LEE
1032 N. WALKER AVE.
LAKELAND FL 33805

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **POT** Delete
 NAME **MOORE, MARY LEE**
 STREET ADDRESS **1032 N. WALKER AVE.**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCDT** Delete
 NAME **MOORE, ENORRIS**
 STREET ADDRESS **1247 PROVIDENCE RD.**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** Delete
 NAME **WARD, MARY LIZZIE**
 STREET ADDRESS **1032 N. WALKER AVE.**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** Delete
 NAME **DAVIS, STEVE**
 STREET ADDRESS **1032 N. WALKER AVE.**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MTD** Delete
 NAME **BROWN, ROSETTA**
 STREET ADDRESS **1009 MADISON AVE.**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *MARY LEE MOORE*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PR *RESIDENT*
 Date Daytime Phone #

CR2E037 (9/01)