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

## DOCUMENT # N04205 1. Entity Name APOSTOLIC HOUSE OF PRAYER, INCORPORATED

SIGNATURE

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MTD

BROWN, ROSETTA

1009 MADISON AVE.

LAKELAND FL 33805

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## FILED Feb 10, 2003 8:00 am Secretary of State

01-13-2003 90567 001 \*\*\*\*\*8.75 01-13-2003 90567 002 \*\*\*\*61.25

55005616 Principal Place of Business Mailing Address MMARY LEE MOORE MARY LEE MOORE 1116 N ZEROS AVE 1032 N. WALKER AVE. LAKELAND FL 33805-4276 LAKELAND FL 33805-4276 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2869909 Applied For Not Applicable: Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, MARY LEE Street Address (P.O. Box Number is Not Acceptable) 1032 N. WALKER AVE. LAKELAND FL 33805 City 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change ☐ Addition ខ MOORE, MARY LEE NAME 1032 N. WALKER AVE. STREET ADDRESS CR2E037 LAKELAND FL 33805 CITY-ST-ZIP VCDT ☐ Delete ☐ Change ☐ Addition MOORE, ENORRIS NAME 1247 PROVIDENCE RD. STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP Delete .... TITLE \_ ☐: Change \_ . ☐ Addition WARD, MARY LIZZIE NAME 1032 N. WALKER AVE. STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP Delete Dorothy Johnson Hairtinange ☐ Addition DAVIS, STEVIE NAME MY COMMISSION # DD001453 EXPIRES 1032 N. WALKER AVE. STREET ADDRESS February 25, 2005 LAKELAND FL 33805 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.

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NAME

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Delete

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SIGNATURE:

BONDED THRU TROY FAIN INSURANCE

February 25, 2005 MA COMMISSION # DOGGTHEE EN

Dorothy Johnson Home

Addition

☐ Addition