

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90054 027 \*\*\*\*61.25

DOCUMENT # N06534

1. Entity Name

HOUSE OF PRAYER AND RESCUE MISSION, INC.

Principal Place of Business

501 N. 6 ST.  
PALATKA FL 32177

Mailing Address

220 SOUTH 14TH ST.  
PALATKA FL 32177

*New Address*

*2600 Campbell St*

2. Principal Place of Business

3. Mailing Address

*Apt A19*

Suite, Apt. #, etc.

*Palatka, Fla*

Suite, Apt. #, etc.

*Palatka, Fla*

City & State

*32177 Putnam*

City & State

*32177 Putnam*

Zip

Country

Zip

Country

4. FEI Number

59-2870036

Applied For

Not Applicable

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

BEAL, ROSA M  
220 SOUTH 14TH ST.  
PALATKA FL 32177

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	PD	<input type="checkbox"/> Delete
NAME	BEAL, ROSA M	
STREET ADDRESS	220 SOUTH 14TH ST.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEAL, STEPHINE	
STREET ADDRESS	3701 ST. JOHN AVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DONALDSON, MARY	
STREET ADDRESS	807 N. 16TH ST.	
CITY-ST-ZIP	PALATKA FL 32179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEAL, CLOVER	
STREET ADDRESS	220 SOUTH 14TH ST	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-16-2001*

CR2E037 (10/00)