

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90043 045 \*\*\*\*66.25

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**DOCUMENT # N06719**  
 1. Entity Name  
**THE HOUSE OF PRAYER CHURCH OF THE LATTER DAY SAI**

Principal Place of Business 151 N.W. 79TH STREET MIAMI FL 33150 US	Mailing Address 1775 N.W. 90TH STREET MIAMI FL 33147 US
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2. Principal Place of Business <i>151 N W 79 St.</i>	3. Mailing Address <i>1775 N.W. 90 St</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami Fla.</i>	City & State <i>Miami Fla.</i>	4. FEI Number <b>65-0997715</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33150</i>	Country <i>Dade</i>	Zip <i>33147</i>	Country <i>Dade</i>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BROWN, PEARLIE**  
**1775 N.W. 90TH STREET**  
**MIAMI FL**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROWN, ROBERT C.</b> <b>1775 NW 90TH ST.</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BRWON, PEARLIE M.</b> <b>1775 NW 90TH ST.</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HARBIN, CHRISTINE</b> <b>7201 NE MIAMI CT.</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCGHIE, MARTIN J</b> <b>1021 N.W. 141 ST</b> <b>MIAMI FL 33168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JACKSON JR., MOSES</b> <b>1620 NW 4TH AVE</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MOORER, RUTH</b> <b>2100 NW 94TH ST</b> <b>MIAMI FL</b>	<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
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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 empowerments.

SIGNATURE: *Ruth Moorer* **4/28/01 305 691-0157**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)