

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90043 010 ****61.25

DOCUMENT # N06719

1. Entity Name

THE HOUSE OF PRAYER CHURCH OF THE LATTER DAY SAINTS, INC.

Principal Place of Business

Mailing Address

151 NW 79 ST
 MIAMI FL 33150
 US

151 NW 79 ST
 MIAMI FL 33150
 US

2. Principal Place of Business

3. Mailing Address

151 N.W. 79th St.
 Suite, Apt. #, etc.

1775 N.W. 90th St.
 Suite, Apt. #, etc.

City & State

City & State

Miami, Florida
 33150 Dade

Miami, Florida
 33147 Dade

4. FEI Number

65-0997715

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

BROWN, PEARLIE
 1775 N.W. 90TH STREET
 MIAMI FL

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 ☐ Delete
 NAME P
 STREET ADDRESS BROWN, ROBERT C.
 CITY-ST-ZIP 1775 NW 90TH ST.
 MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS BRWON, PEARLIE M.
 CITY-ST-ZIP 1775 NW 90TH ST.
 MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS HARBIN, CHRISTINE
 CITY-ST-ZIP 7201 NE MIAMI CT.
 MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME T
 STREET ADDRESS MCGHIE, MARTIN J
 CITY-ST-ZIP 1021 N.W. 141 ST
 MIAMI FL 33168

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME T
 STREET ADDRESS JACKSON JR., MOSES
 CITY-ST-ZIP 1620 NW 4TH AVE
 MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME S
 STREET ADDRESS MOORER, RUTH
 CITY-ST-ZIP 2100 NW 94TH ST
 MIAMI FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

04/27/02 305 691 057