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

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90308 006 ****70.00

DOCUMENT # N09218

1. Entity Name
HOLY GHOST OUTREACH PRAYER MINISTRIES, INCORPORATED

Principal Place of Business	Mailing Address
620 S MAIN ST GAINESVILLE FL 32601 US	P.O. BOX 23759 GAINESVILLE FL 32602

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
524 NW 1st St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, Florida	City & State
Zip: 32601 Country: Alachua	Zip / Country

4. FEI Number 59-2524483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, RUBEN S
1 NW 1ST ST
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name: McClellan, Kenneth L.
Street Address (P.O. Box Number is Not Acceptable): 2741 NW 68th
City: Gainesville, FL Zip Code: 32653

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.

SIGNATURE: Kenneth L mcclellan — Kenneth L. McClellan — Jan. 11, 2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, RUBEN S 1 N.W. 1ST ST GAINESVILLE FL 32601	☑ Delete	PD McClellan, Kenneth L. 2741 NW 68th Avenue Gainesville, FL 32653	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, EULA L 2038 N.E. 55TH BLVD GAINESVILLE FL 32641	☑ Delete	D McKnight, Charles 526 SW 5th Avenue Gainesville, FL 32601	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, WILLETTE L 1 N.W. 1ST ST GAINESVILLE FL 32601	☐ Delete Change of address →	D Jackson, Willette L. 6415 SE 96th Terrace Gainesville, FL 32601	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Kenneth L mcclellan — 1/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE