

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

**DOCUMENT # N11001**

1. Entity Name

**FLORIDA HOUSE OF PRAYER OF APOSTOLIC FAITH, INC.**

08-14-2001 90003 003 \*\*\*\*70.00

Principal Place of Business

C/O ALBERT WATSON, JR.  
 5500 N.W. 4TH AVENUE  
 MIAMI FL 33127

Mailing Address

C/O ALBERT WATSON, JR.  
 5500 N.W. 4TH AVENUE  
 MIAMI FL 33127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0032498**

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

**WATSON, ALBERT, JR.**  
**5500 N.W. 4TH AVENUE**  
**MIAMI FL 33127**

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**

**After September 12, 2001, min. will be \$236.25**

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** ☒ Delete  
 NAME **BRINSON, CONNIE**  
 STREET ADDRESS **5500 NW 4TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE **P/D** ☒ Change ☐ Addition  
 NAME **Albert Watson Jr.**  
 STREET ADDRESS **5500 N.W. 4th Ave**  
 CITY-ST-ZIP **MIAMI, FL 33127**

TITLE **VTD** ☐ Delete  
 NAME **WATSON, GWENDOLYN**  
 STREET ADDRESS **5500 NW 4TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33127**

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

TITLE **SD** ☒ Delete  
 NAME **WATSON, ANGEL**  
 STREET ADDRESS **5500 NW 4TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE **SECRETARY/DIRECTOR** ☒ Change ☐ Addition  
 NAME **CONNIE BRINSON**  
 STREET ADDRESS **5500 N.W. 4th Ave**  
 CITY-ST-ZIP **MIAMI, FLA- 33127**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Albert Watson Jr.*

8/7/01

(305) 758-0868

CP2E037 (5/01)