

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11001

1. Entity Name

FLORIDA HOUSE OF PRAYER OF APOSTOLIC FAITH, INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90175 011 ****70.00

0007602



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O ALBERT WATSON, JR.
5500 N.W. 4TH AVENUE
MIAMI FL 33127

2. Principal Place of Business 3. Mailing Address
2445 N.W. 62 St. 1005 N.E. 92 Street

City & State City & State
MIAMI, FL MIAMI SHORES, FL
Zip 33147 Country USA

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
1005 N.E. 92 St.
MIAMI SHORES, FL 33138

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002,
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	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, ALBERT JR		NAME	2445 N.W. 62 St.	
STREET ADDRESS	5500 NW 4 AVENUE		STREET ADDRESS	MIAMI, FL 33147	
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, GWENDOLYN		NAME	2445 N.W. 62 St.	
STREET ADDRESS	5500 NW 4TH AVE		STREET ADDRESS	MIAMI, FL 33147	
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINSON, CONNIE		NAME	2445 N.W. 62 St.	
STREET ADDRESS	5500 NW 4 AVENUE		STREET ADDRESS	MIAMI, FL 33147	
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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. 8/2/02 305 836-1210

CR2E037 (4/02)