## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 17, 2001 8:00 am § Secretary of State **DOCUMENT # N13339** 1. Entity Name 05-17-2001 91346 010 \*\*\*\*61.25 THE HOUSE OF THE LORD, INC. Mailing Address Principal Place of Business C/O JOHN PIERSON C/O JOHN PIERSON 5305 WILEY STREET 5305 WILEY STREET HOLLYWOOD FL 33021-8029 HOLLYWOOD FL 33021-8029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0058548 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PIERSON, JOHN 5305 WILEY STREET HOLLYWOOD FL City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Change □ Addition CR2E037 (10/00 TITLE ☐ Delete PIERSON, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 5305 WILEY STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BEASLEY, MARZET NAME 946 NW 10TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 TITLE Delete TITLE Change ☐ Addition NAME PIERSON, HENRY NAME STREET ADDRESS STREET ADDRESS 1501 SW 67TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 redeiver 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.

CITY-ST-ZIP

SIGNATURE:

ISULFOUND WHENRY LERSON (STD)

FILED