

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43827

1. Entity Name

INTIMACY HOUSE OF PRAYER, INC.

FILED

Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90005 024 ****61.25

Principal Place of Business

2351 NE 200TH AVE.
WILLISTON FL 32696

Mailing Address

2351 NE 200TH AVE
WILLISTON FL 32696
US

2. Principal Place of Business

3. Mailing Address

1408 NW 10th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala, FL

4. FEI Number

59-3077638

Applied For

Not Applicable

Zip

Country

Zip

Country

34475

FL

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

FOSTER, WILLIE
1307 N.W. 12TH ST.
OCALA FL 32675

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 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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
NAME	BATTLES, WILLIE A	
STREET ADDRESS	P.O. BOX 341	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VERNON, BERNARD	
STREET ADDRESS	2113 NE 200TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSONWALLACE, TORI	
STREET ADDRESS	16751 NW 170TH ST	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALL, JACKIE	
STREET ADDRESS	4232 NE 210TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Willie Foster Jr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie Foster Jr	
STREET ADDRESS	1307 NW 12th St.	
CITY-ST-ZIP	Ocala, FL 34475	
TITLE	Curtis Harris	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtis Harris	
STREET ADDRESS	2870 N.E. 202 Terr.	
CITY-ST-ZIP	Williston, FL 32696	
TITLE	Cendi Dukes	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cendi Dukes	
STREET ADDRESS	313 NE 21st Street	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE	Napoleon Newson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Napoleon Newson	
STREET ADDRESS	2051 SW 7th Place	
CITY-ST-ZIP	Ocala, FL 34475	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

WILLIE FOSTER JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00

352-622-6758
Daytime Phone #

CR2E037 (5/00)