2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State
02-20-2000 90041 016 ****61.25

DOCUMENT # N50003

1. Entity Name

HOUSE OF PRAYER AND PRAISE TABERNACLE INC.

Principal Place of Business	Mailing Address
5605 NE 79TH PL GAINESVILLE FL 32609 US	1900 SE 4TH ST APT 11 GAINESVILLE FL 32641-8766 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5605 N.E. 79th PL	1900 SE 4th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #11
City & State: Gainesville. FL.	City & State: Gainesville. FL.
Zip: 32609 Country: U.S.A.	Zip: 32641 Country: USA

4. FEI Number 59-3278609 — [X] 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
DILLARD, ROY H SR. 1900 SE 4TH ST APT 11 GAINESVILLE FL 32641	Name: Roy H. Dillard Sr. Street Address (P.O. Box Number is Not Acceptable): 1900 SE 4th St. #11 City: Gainesville FL Zip Code: 32641

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	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DILLARD, ROY H SR. 1900 SE 4TH ST. APT. 11 GAINESVILLE FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DILLARD, PAULINE 1900 SE 4TH ST APT 11 GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRIFFIN, CLAREATHA 1501 N GRAND ST STARKE FL 32619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOZETT, FRAZIER 3065 W 8TH AVENUE GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACKSON, CLAREATHA 904 N CLARK ST STARKE FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOZELL, LONDON 306 SW 8TH AVE GAINESVILLE FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Roy H. Dillard [illegible] REQUIRED 2/14/00 (352)372-8892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #