2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 08:00 AM
Secretary of State

DOCUMENT # **N50003**

1. Entity Name
HOUSE OF PRAYER AND PRAISE TABERNACLE INC.

Principal Place of Business	Mailing Address
5605 NW 79TH PL	1900 SE 4TH ST
	#11
GAINESVILLE FL	GAINESVILLE FL
32609 US	32641 US

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 2003
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: GAINESVILLE FL
Zip / Country	Zip: 32602 / Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3278609** ☐ 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 HSR.	Name: DILLARD ROY HSR.
1900 SE 4TH ST	Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 2003
#11	
GAINESVILLE FL	City: GAINESVILLE **FL** Zip Code: 32602
32641 US	

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 _____ **06/05/2001**
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	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	MOZELL LONDON		NAME	SHERRIN HOBDY	
STREET ADDRESS	306 SW 8TH AVE		STREET ADDRESS	1900 SE 4TH ST #82	
CITY-ST-ZIP	GAINESVILLE FL 32601		CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	S	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	JACKSON CLAREATHA		NAME	JACKSON CLAREATHA	
STREET ADDRESS	904 N CLARK ST		STREET ADDRESS	904 N CLARK ST	
CITY-ST-ZIP	STARKE FL 32091		CITY-ST-ZIP	STARKE FL 32091	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	MOZETT FRAZIER		NAME	MOZELL FRAZIER	
STREET ADDRESS	3065 W 8TH AVENUE		STREET ADDRESS	306 SW 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	S	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	GRIFFIN CLAREATHA		NAME	JACKSON CLAREATHA	
STREET ADDRESS	1501 N GRAND ST		STREET ADDRESS	904 N CLARK ST.	
CITY-ST-ZIP	STARKE FL 32619		CITY-ST-ZIP	STARKE FL 32091	
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	DILLARD PAULINE		NAME	DILLARD PAULINE	
STREET ADDRESS	1900 SE 4TH ST APT 11		STREET ADDRESS	P.O. BOX 2003	
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	DILLARD ROY HSR.		NAME	DILLARD ROY HSR.	
STREET ADDRESS	1900 SE 4TH ST. APT. 11		STREET ADDRESS	P.O. BOX 2003	
CITY-ST-ZIP	GAINESVILLE FL 32601		CITY-ST-ZIP	GAINESVILLE FL 32602	

CR2E037 (11/00)

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: SHERRIN HOBDY D 06/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #