2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\mathtt{FILED} DOCUMENT # N50117 Jul 21, 2000 8:00 am 1. Entity Name Secrétary of State HOUSE OF PRAYER MINISTRIES, INC. 07-21-2000 90003 001 ****70.00 Principal Place of Business Mailing Address LAKE PLACID HOUSE OF PRAYER 455 ADAMS AVE. 100 DURDEN RD. LAKE PLACID FL 33852 LORIDA FL 33857 2. Principal Place of Business Mailing Address 2) ame Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3144624 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **DURDEN,-DENNIS** 100 DURDEN ROAD LORIDA FL 33857 City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees After September 13, 2000 min. will be \$236.25 **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change **DURDEN, DENNIS** NAME NAME 100 DURDEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LORIDA FL 33857 CITY-ST-ZIP STD TITLE Delete Change ☐ Addition ROBERT, ROBIN NAME NAME 100 DURDEN ROAD STREET ADDRESS STREET ADDRESS **LORIDALACID FL 33857** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITI F DURDEN, DEBBIE NAME NAME STREET ADDRESS 100 DURDEN ROAD STREET ADDRESS CITY-ST-ZIP LORDIA FL 33857 --CITY-ST-ZIE Delete □ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE 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 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 attachner that has address, with all other like empowered.