

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91293 016 \*\*\*\*61.25

**DOCUMENT # N50265**

1. Entity Name

**DANIA HOUSE OF PRAYER, INC.**

Principal Place of Business

208 NW 7 CT  
 HALLANDALE FL 33009  
 US

Mailing Address

208 NW 7 CT  
 HALLANDALE FL 33009  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0348929**

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

**BRUCE, CLARENCE**  
**2452 NW 80 ST**  
**MIAMI FL 33147**

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**

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **BRUCE, CLARENCE**  
 CITY-ST-ZIP **2452 NW 80 ST**  
**MIAMI FL**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **BRUCE, GUY**  
 CITY-ST-ZIP **3101 NW 22 CT**  
**MIAMI FL 33142**

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **BRUCE, ERNESTINE**  
 CITY-ST-ZIP **2452 NW 80 STREET**  
**MIAMI FL**

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **GAY, BRUCE**  
 CITY-ST-ZIP **3101 NW 22 CT**  
**MIAMI FL**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **HALL, DOROTHY LOIS**  
 CITY-ST-ZIP **2239 CADY STREET**  
**HOLLYWOOD FL 33020**

TITLE ☒ Delete  
 NAME **Betty Fussell**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D Betty Fussell**  
 STREET ADDRESS **3240 NW 179 ST**  
 CITY-ST-ZIP **MIAMI, FLA 33056**

TITLE ☐ Change ☒ Addition  
 NAME **D MARY**  
 STREET ADDRESS **2780 N**  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D MARY ROBINSON**  
 STREET ADDRESS **1780 NW 127 ST**  
 CITY-ST-ZIP **MIAMI FLA 33167**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:** *Clarence Bruce*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *(954) 454 3682*  
 Daytime Phone #

CR2E037 (9/01)