

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000336

1. Entity Name

HOUSE OF BLESSINGS MINISTRY, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90059 047 ****61.25

Principal Place of Business

4724
4623 FOREST HILL BLVD.
SUITE 104
WEST PALM BEACH FL 33415
US

Mailing Address

4724
4623 FOREST HILL BLVD
SUITE 104
WEST PALM BEACH FL 33415-5620
US

2. Principal Place of Business

HOUSE OF BLESSING

3. Mailing Address

Suite, Apt. #, etc.
4724 FOREST HILL BLVD

City & State

WEST PALM BCH. FL

4. FEI Number

65-0374643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIRARD, DAVID
13984 COLUMBINE AVENUE
W. PALM BEACH FL 33414

7. Name and Address of New Registered Agent

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

TITLE	S	<input type="checkbox"/> Delete
NAME	STRIKER, MELA	
STREET ADDRESS	6040 FOREST HILL BLVD, APT 204	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIRARD, RENEE	
STREET ADDRESS	6094 FOREST HILL BLVD #103	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALFIERI, ELIZABETH	
STREET ADDRESS	6066 FOREST HILL BLVD, APT 105	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRIKER, DEREK	
STREET ADDRESS	6040 FOREST HILL BLVD, APT 204	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIRARD, DAVID	
STREET ADDRESS	13984 COLUMBINE AVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	T Gibb	<input type="checkbox"/> Delete
NAME	ECHIVARRIA, DORIS	
STREET ADDRESS	6040 FOREST HILL BLVD, APT 105	
CITY-ST-ZIP	W PALM BCH FL 33415	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Girard, Della	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13984 Columbine Avenue	
STREET ADDRESS	Wellington, FL 33414	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Mela Striker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 8, 00

Date

361-966-1095

Daytime Phone #

CR2E037 (9/99)