

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90200 006 \*\*\*\*61.25

**DOCUMENT # N92000000336**

1. Entity Name

**HOUSE OF BLESSINGS MINISTRY, INC.**



Principal Place of Business

**HOUSE OF BLESSING  
4724 FOREST HILL BLVD  
WEST PALM BEACH FL 33415  
US**

Mailing Address

**HOUSE OF BLESSING  
4724 FOREST HILL BLVD  
WEST PALM BEACH FL 33415  
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 **65-0374643**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIRARD, DELLA  
11214 MARINA BAY ROAD  
WELLINGTON FL 33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pastor Della Girard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/3  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GIRARD, DAVID	
STREET ADDRESS	11214 MARINA BAY ROAD	
CITY-ST-ZIP	WELLINGTON FL 33467	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GIRARD, DELLA	
STREET ADDRESS	11214 MARINA BAY ROAD	
CITY-ST-ZIP	WELLINGTON FL 33467	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GIBB, DORIS	
STREET ADDRESS	10602 LAKE SHORE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALFIERI, ELIZABETH	
STREET ADDRESS	13465 FOUNTAIN VIEW BLVD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Girard, Della	
STREET ADDRESS	11214 Marina Bay Rd	
CITY-ST-ZIP	Wellington, FL 33467	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alfieri, Elizabeth	
STREET ADDRESS	13465 Fountain View Blvd	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca Greene	
STREET ADDRESS	247 River Bluff Lane	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamie Warrington	
STREET ADDRESS	111A Weybridge Circle	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
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: Pastor Della Girard 4/9/3 561-966-0304

CR2E037 (10/02)