

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000780

1. Entity Name

GOD ALMIGHTY PRAYER BAND, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90006 047 ****65.00

Principal Place of Business

Mailing Address

1442 HELENA ST
 JACKSONVILLE FL 32208
 US

1442 HELENA ST
 JACKSONVILLE FL 32208-3327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1442 Helena Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, Florida

JACKSONVILLE, Florida

Zip

Country

Zip

Country

32208

DUVAL

32208

DUVAL

4. FEI Number

59-3235191

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

WHITE, SHIRLEY M
 1442 HELENA ST
 JACKSONVILLE FL 32208

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 Shirley M. White

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

(NOTE: Registered Agent signature required when reinstating)

5/20/2000

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
 NAME WHITE, SHIRLEY
 STREET ADDRESS 1442 HELENA ST
 CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D ☐ Delete
 NAME THARPS, JACQUELYN
 STREET ADDRESS 5316 SPRING GROVE RD
 CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D ☐ Delete
 NAME WHITE, JOHN SR.
 STREET ADDRESS 1442 HELENA ST
 CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D ☐ Delete
 NAME THOMPSON, LUCY
 STREET ADDRESS P.O. BOX 439 N/A
 CITY-ST-ZIP GLEN ST. MARY FL

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

TITLE D ☐ Delete
 NAME COATS, JAMES
 STREET ADDRESS 2523 TEAL ST
 CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D ☐ Delete
 NAME FARMER, CLEVELAND
 STREET ADDRESS P.O. BOX 343 N/A
 CITY-ST-ZIP SANDERSON FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 20, 2000

(904) 765 3570

Daytime Phone #

CR2E037 (9/1/00)