

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000780

1. Entity Name

GOD ALMIGHTY PRAYER BAND, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90049 041 \*\*\*\*65.00

0011424

Principal Place of Business

1442 HELENA ST  
JACKSONVILLE FL 32208  
US

Mailing Address

1442 HELENA ST  
JACKSONVILLE FL 32208

2. Principal Place of Business

1442 Helena St.

3. Mailing Address

1442 Helena Street

Suite, Apt. #, etc.

JACKSONVILLE, Fla.

Suite, Apt. #, etc.

JACKSONVILLE, Florida

City & State

City & State



DO NOT WRITE IN THIS SPACE

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

WHITE, SHIRLEY M  
1442 HELENA ST  
JACKSONVILLE FL 32208

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

Shirley M. White

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, SHIRLEY 1442 HELENA ST JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa D. White 1442 Helena Street JACKSONVILLE, Fla. 32208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THARPS, JACQUELYN 5316 SPRING GROVE RD JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JOHN SR. 1442 HELENA ST JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LUCY P.O. BOX 439 N/A GLEN ST. MARY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATS, JAMES 2523 TEAL ST JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARMER, CLEVELAND P.O. BOX 343 N/A SANDERSON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Shirley M. White

5/1/01

CR2E037 (10/00)