

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 28, 2002 8:00 am**
Secretary of State

05-28-2002 91706 026 ****70.00

DOCUMENT # N93000000780

1. Entity Name

GOD ALMIGHTY PRAYER BAND, INC.

Principal Place of Business

**1442 HELENA ST
JACKSONVILLE FL 32208
US**

Mailing Address

**1442 HELENA ST
JACKSONVILLE FL 32208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FLA.

City & State

JACKSONVILLE FLORIDA

4. FEI Number

59-3235191☒ Applied For☐ Not Applicable

Zip

Country

Zip

Country

32208**FLORIDA****32208****FLORIDA**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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**WHITE, SHIRLEY M
1442 HELENA ST
JACKSONVILLE FL 32208**

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 \$61.259. 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	<input type="checkbox"/> Delete
D	WHITE, SHIRLEY	1442 HELENA ST	JACKSONVILLE FL	

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

5/15/02
Date Daytime Phone #

CR2E037 (9/01)