

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

FILED
Jun 23, 2003 8:00 am
Secretary of State

6/6

06-06-2003 90043 001 ****71.00

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**

00043001

2. Principal Place of Business

1442 Helena St.
Suite, Apt. #, etc.

3. Mailing Address

1442 Helena St.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE Fla.

City & State

JACKSONVILLE Fla.

4. FEI Number

59-3235191

Applied For

Not Applicable

Zip

32208

Country

USA

Zip

32208

Country

USA

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

SIGNATURE

White, Shirley M.

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

(NOTE: Registered Agent signature required when reinstating)

5/31/03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	LISA D. WHITE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1442 Helena Street	
STREET ADDRESS	JACKSONVILLE, Fla. 32208	
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		
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:

Shirley M. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/03
Date

Daytime Phone #

CR2E037 (10/02)