

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90029 005 \*\*\*\*61.25

DOCUMENT # N93000002166

1. Entity Name

THE HOUSE OF PRAYER EVANGELICAL AND REVELATION M

Principal Place of Business

607 25TH ST. WPLL ROAD  
 WEST PALM BEACH FL 33407

Mailing Address

7919 BURLWOOD LANE  
 LAKE WORTH FL 33467-1837



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

North Main Street  
 Suite, Apt. #, etc.  
 305  
 City & State  
 Belle Glade FL  
 Zip Country  
 33 Palm Bch.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0417067

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRINKLEY, TAMMATHA E  
 816 BOOKER AVE  
 WEST PALM BEACH FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

TITLE	T	<input type="checkbox"/> Delete
NAME	HUDSON, VERONICA L	
STREET ADDRESS	5288 STACY ST APT B	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROUGHTON, CALLIE M PASTOR	
STREET ADDRESS	7919 BURLWOOD LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRINKLEY, ALEX L	
STREET ADDRESS	816 BOOKER AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, BARBRA MINISTE	
STREET ADDRESS	571 WEST 1ST STREET	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	BRINKLEY, TAMMATHA E	
STREET ADDRESS	816 BOOKER AVE.	
CITY-ST-ZIP	WEST PALM BCH. FL 33401	
TITLE	TRUSTEE	<input type="checkbox"/> Delete
NAME	ELLA M. WYATT	
STREET ADDRESS	1241 10th St.	
CITY-ST-ZIP	West Palm Bch. FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELDER CURTIS M FLOWERS	
STREET ADDRESS	513 A GreenView Terrace	
CITY-ST-ZIP	LAKE WHALE FL 33853	
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: *Callie M Broughton* 4-3-2000 (561) 966-9154  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)