

# 2001 UNIFORM BUS-SS REPORT (UBR)

DOCUMENT # N93000002912

1. Entity Name

JESUS CHRIST'S HOUSE OF PRAYER, INC

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90111 035 \*\*\*\*\*61.25

Principal Place of Business

1032 W ROBINSON ST  
ORLANDO FL 32825  
US

Mailing Address

1708 GRAND OAK DRIVE  
APOPKA FL 32703  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3211075

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JONES, GWENDOLYN A  
1708 GRAND OAK DR  
APOPKA FL 32703

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, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

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 PD  
NAME JONES, LESTER A.  
STREET ADDRESS 1708 GRAND OAK DR  
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

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

TITLE D  
NAME MOBLEY, RUBEN  
STREET ADDRESS 23075 JACOBSON RD  
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

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

TITLE D  
NAME MCCARTY, RODERICK  
STREET ADDRESS 1895 OLIVIA CIR  
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

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

TITLE T  
NAME ROBINSON, BEVERLY  
STREET ADDRESS 6303 MT. PLYMOUTH RD  
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

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

TITLE S  
NAME GLEE, ARETHA  
STREET ADDRESS 4264 INGLENOOK LN  
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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: changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lester Jones* 2-21-01  
Date Daytime Phone #