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

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90275 012 ****70.00

DOCUMENT # N93000002912

1. Entity Name
Jesus Christ's House of Prayer

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1032 West Robinson	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32805 Country: U.S.	Zip: 32805 Country: U.S.

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current 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

FEE IS $61.25 Initial or Amended UBR

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	PD	
NAME	Apostle Jones	
STREET ADDRESS	908 Grand Oak Drive	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		
NAME	Ruben, Mobley	D
STREET ADDRESS	23015 Jacobson Road	
CITY-ST-ZIP	Brooksville FL 34601	
TITLE		
NAME	Roderick McCarty	D
STREET ADDRESS	1895 Olivia Circle	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		
NAME	Beverly Robinson	T
STREET ADDRESS	6365 Mt. Plymouth Road	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		
NAME	Aretha Glee	S
STREET ADDRESS	4264 Inglenook Lane	
CITY-ST-ZIP	Orlando, FL 32839	
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STREET ADDRESS		
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Date 4/24/02