

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

05-28-2002 91523 049 ****70.00

DOCUMENT # N94000000318

1. Entity Name

**PENTECOSTAL HOUSE OF PRAYER CHURCH ON THE MOVE F
 OR CHRIST, INC.**

Principal Place of Business

Mailing Address

30714 SW 188TH COURT
 HOMESTEAD FL 33030
 US

30714 SW 188 CT
 HOMESTEAD FL 33030

2. Principal Place of Business

30714 SW 188TH COURT

3. Mailing Address

Suite, Apt. #, etc.

HOMESTEAD FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0567885

Applied For

Not Applicable

Zip

33030

Country

Dade

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

MCCORMICK, CHARLES
 30714 SW 188TH COURT
 HOMESTEAD FL 33030

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MCCORMICK, CHARLES	30714 SW 188 CT	HOMESTEAD FL 33030				
V	MCCORMICK, MISSOURI	30714 SW 188 CT	HOMESTEAD FL 33030				
D	WOODS, S	11850 SW 221 ST	GOULDS FL 33170		MARY ANN WOODS "D"	11850 SW 221 ST	GOULDS FL 33170
D	MCGILL, T	3156 SW 6 CT, APT 3	HOMESTEAD FL 33030				
D	LINDA RANKINS	393 NW 3RD AVE	FLORIDA CITY FL				

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: *Mary Ann Woods* 7-2-02 305-247-6548

CR2E037 (4/02)