

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001415**

1. Entity Name

HOUSE OF PRAYER MINISTRIES OF GOD, INC.

Principal Place of Business

**17210 NW 43RD COURT
OPA LOCKA FL 33055
US**

Mailing Address

**17210 NW 43RD COURT
OPA LOCKA FL 33055
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0480466

Applied For

Not Applicable

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

**CARTER, VIRGINIA
17210 N.W. 43RD. COURT
OPA LOCKA FL 33055**

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**After September 12, 2001, 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	DP	<input type="checkbox"/> Delete
NAME	CARTER, VIRGINIA	
STREET ADDRESS	17210 N.W. 43RD. COURT	
CITY-ST-ZIP	OPA LOCKA FL 33055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VDT	<input type="checkbox"/> Delete
NAME	CARTER, EDWARD L	
STREET ADDRESS	17210 NW 43RD COURT	
CITY-ST-ZIP	OPA LOCKA FL 33055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, JOHN	
STREET ADDRESS	17131 N.W. 44TH AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	GILCREASE, SHERRIA	
STREET ADDRESS	4361 NW 173RD DRIVE	
CITY-ST-ZIP	OPA LOCKA FL 33055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GILCREASE, LEVI	
STREET ADDRESS	4361 NW 173RD DR	
CITY-ST-ZIP	OPA LOCKA FL 33055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, WILLIE JAMES	
STREET ADDRESS	2261 NW 58TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	

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:

Virginia Carter, President **7-5-01** **305 620 7173****FILED**
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90440 001 ****61.25

07-10-2001 90440 002 *****8.75



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)