

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005756

1. Entity Name

HOLY TEMPLE HOUSE OF PRAYER CHURCH, INC.

Principal Place of Business

2400 S 29TH ST
FORT PIERCE FL 34981
US

Mailing Address

P.O. BOX 1886
FT. PIERCE FL 34950-1886
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

65-0521613

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

MILLER, REV. ALVIN E. S
3212 LIVE OAK LANE
FT. PIERCE FL 34981

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME MILLER, ALVIN E SR.
STREET ADDRESS 3212 LIVE OAK LANE
CITY-ST-ZIP FT. PIERCE FL

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

TITLE DS ☐ Delete
NAME MILLER, DOROTHY D
STREET ADDRESS 1611 N 42ND ST
CITY-ST-ZIP FT. PIERCE FL 34947

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

TITLE D ☐ Delete
NAME WRIGHT, PATRICK REV
STREET ADDRESS 291 NW LINCOLN AVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

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

TITLE D ☐ Delete
NAME MILLER, MICHELLE R.
STREET ADDRESS 3212 LIVE OAK LANE
CITY-ST-ZIP FT PIERCE FL

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

TITLE D ☐ Delete
NAME MILLER, ELIZABETH
STREET ADDRESS 1109 MAY FLOWER ROAD
CITY-ST-ZIP FORT PIERCE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2001

Date

Daytime Phone #

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90464 017 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)