

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001840

1. Entity Name

Gods Covenant House of Prayer

FILED

00 SEP 27 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

315 Idaho Ave  
LAKELAND, FL. 33801

2542 Jennifer Dr.  
LAKELAND, FL. 33810

2. Principal Place of Business

3. Mailing Address

315 Idaho Ave

2542 Jennifer Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKELAND, FL.

City & State

LAKELAND, FL.

4. FEI Number

59-3313321

Applied For

Not Applicable

Zip

Country

33801

FLORIDA

Zip

Country

33810

FLORIDA

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

Myrl R. Eddings  
2542 Jennifer Dr.  
LAKELAND, FL. 33810

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

Myrl Eddings

Signature, typed or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

9-21-2000

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  
NAME Myrl Eddings  Delete  
STREET ADDRESS 2542 Jennifer Dr.  
CITY-ST-ZIP LAKELAND, FL. 33810

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME Edna Eddings  Delete  
STREET ADDRESS 2542 Jennifer Dr.  
CITY-ST-ZIP LAKELAND, FL. 33810

TITLE  Change  Addition  
NAME 100003419771-4  
STREET ADDRESS -10/09/00-01105-013  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
NAME Michael R. Eddings  Delete  
STREET ADDRESS P.O. Box 89  
CITY-ST-ZIP M & Intosh, FL. 36553

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **SP**  
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:

Myrl Eddings

Signature and typed or printed name of signing officer or director

9-21-2000

Date

263-216-8200

Daytime Phone #