

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90168 044 ****61.25

DOCUMENT # **N95000001840**

1. Entity Name
GOD'S COVENANT HOUSE OF PRAYER, INC.



Principal Place of Business
**315 IDAHO AVE
LAKELAND FL 33801**

Mailing Address
**2542 JENNIFER DR
LAKELAND FL 33810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Lakeland FL

FL 33801

POLK



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3313321**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**EDDINGS, MYRL R
2542 JENNIFER DR
LAKELAND FL 33810**

7. Name and Address of New Registered Agent

Name **Eddings Myrl R.**
Street Address (P.O. Box Number Not Acceptable) **2640 Golfview St.**

City **Lakeland**

FL

Zip Code **33801**

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 *Edna Eddings* **Edna Eddings**

DATE **2/24/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	EDDINGS, MYRL R	2542 JENNIFER DR	LAKELAND FL 33810	<input type="checkbox"/>
D	EDDINGS, EDNA	2542 JENNIFER DR	LAKELAND FL-33810	<input type="checkbox"/>
D	EDDINGS, MICHAEL R	P.O. BOX 83	MCINTOSH AL 36553	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	President Eddings Myrl R.	2640 Golfview St.	LAKELAND, FL. 33801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Eddings Edna	2640 Golfview St.	Lakeland, FL. 33801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Edna Eddings* **Edna Eddings** **2/24/03** **863 668-8882**

CR2E037 (10/02)