

**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
2640 Golfview St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lakeland FL

Zip

Country

Zip
FL 33801

Country

FLX

4. FEI Number **59-3313321**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES



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**
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eddings Myrl R.	
STREET ADDRESS	2640 Golfview St.	
CITY-ST-ZIP	LAKELAND, FL. 33801	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eddings Edna	
STREET ADDRESS	2640 Golfview St.	
CITY-ST-ZIP	Lakeland, FL. 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **Edna Eddings Edna Eddings** **2/24/03** **863 668-8882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)