

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90101 050 ****61.25

DOCUMENT # N95000001913

1. Entity Name

HOUSE OF PRAYER OF FT. PIERCE, INC.

Principal Place of Business

Mailing Address

**3701 AVENUE O
 FORT PIERCE FL 34947**

**3701 AVENUE O
 FORT PIERCE FL 34947**

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

NOT APPLICABLE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**HILL, ROBERT
 3701 AVENUE O
 FORT PIERCE FL 34947**

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	VMD	<input type="checkbox"/> Delete
NAME	HILL, GLORIA	
STREET ADDRESS	3701 AVE O	
CITY-ST-ZIP	FT. PIERCE FL 34947	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILLIAMS, ANGELIA	
STREET ADDRESS	1220 AVE. O APT B	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BAGLEY, SHELIA	
STREET ADDRESS	807 N 23RD ST.	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	P	<input type="checkbox"/> Delete
NAME	HILL, ROBERT	
STREET ADDRESS	3701 AVE O	
CITY-ST-ZIP	FT PIERCE FL 34950	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Robert Hill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01 (561) 468-8900

Date

Daytime Phone #

CR2E037 (10/00)