

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90181 046 \*\*\*\*61.25

**DOCUMENT # N95000005373**

1. Entity Name

**HOUSE OF THE LORD PRAYER BAND MISSION INC.**



Principal Place of Business

**2940 N.W. 3 STREET  
POMPANO BEACH FL 33069**

Mailing Address

**2940 N.W. 3 STREET  
POMPANO BEACH FL 33069**

**90006204**



☐ CHECK HERE IF MAKING CHANGES

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 **65-0622934**

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

**PERKINS, BOBBY L BISHOP  
3940 N.W. 3 STREET  
POMPANO BEACH FL 33069**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Bobby L. Perkins P.D. Bobby L. Perkins PD. 1-10-2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	PERKINS, BOBBY L	2940 N.W. 3 STREET	POMPANO BEACH FL 33069				
VD	RANDALL, LAMONT	2940 NW 3ST	POMPANO BEACH FL 33069				
SD	RODGERS, MILDRED B	2414 N.W. 9 STREET	POMPANO BEACH FL				
T	TRESURL, NETTIE WILSON	237 N.W. 15 COURT	POMPANO BEACH FL				
SD	SAWYER, PATRICIA	2940 NW 3ST	POMPANO BEACH FL 33069				
T	EDWARD, BROWN	NW 3ST	POMPANO BEACH FL 33069				

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 REQUIRED**

**Bobby L. Perkins P.D.**

**954 9750678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)