

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005838

1. Entity Name

FIRST BORN HOUSE OF PRAYER, INC.

Principal Place of Business

805 EAST HENDERSON BLVD.
TAMPA FL 33603

Mailing Address

805 EAST HENDERSON BLVD.
TAMPA FL 33603

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SNIPES, ROBERT
5817 E. 30TH STREET
TAMPA FL 33019

7. Name and Address of New Registered Agent

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

Robert Snipes
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-5-2000

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE D ☐ Delete
NAME SNIPES, ROBERT PASTOR
STREET ADDRESS 7922 ENDINE AVE.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME RUCKER, INEZ
STREET ADDRESS 7922 DABUA AVE.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME MIDDLETON, RUFUS M
STREET ADDRESS 7922 ENDINE AVE.
CITY-ST-ZIP TAMPA FL 33603

TITLE DS ☐ Delete
NAME MIDDLETON, IRENE
STREET ADDRESS 7922 ENDINE AVE.
CITY-ST-ZIP TAMPA FL 33603

TITLE E ☐ Delete
NAME MURPHY, CUBIE NELL
STREET ADDRESS 703 E HENDERSON AVENUE
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Snipes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-5-2000

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90082 008 ****61.25

A0072143



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2716735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (5/00)