

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90998 013 *****70.00

0043376

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

**805 EAST HENDERSON BLVD.
Suite, Apt. #, etc.**

3. Mailing Address

**805 EAST HENDERSON BLVD.
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State

TAMPA FLA.

City & State

TAMPA FLA.

4. FEI Number **59-2716735**

Applied For

Not Applicable

Zip **33603**

Country

HILLSBORO

Zip

33603

Country

HILLSBORO

5. Certificate of Status Desired

**X \$8.75 Additional
Fee Required**

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

SIGNATURE

Robert Snipes

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

(NOTE: Registered Agent signature required when reinstating)

4-25-03

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	D	<input type="checkbox"/> Delete
NAME	SNIPES, ROBERT PASTOR	
STREET ADDRESS	7922 ENDINE AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIDDLETON, RUFUS M	
STREET ADDRESS	7922 ENDINE AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MIDDLETON, IRENE	
STREET ADDRESS	7922 ENDINE AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	E	<input type="checkbox"/> Delete
NAME	MURPHY, CUBIE NELL	
STREET ADDRESS	703 E HENDERSON AVENUE	
CITY-ST-ZIP	TAMPA FL 33602	
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
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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:

SIGNATURE REQUIRED Robert Snipes 4/25/03 813 676-2661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)