

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006533**

1. Entity Name

GOD'S WORD HOUSE OF PRAYER CHURCH, INC.

Principal Place of Business

**204 MYRTLE ST
DUNDEE FL 33838**

Mailing Address

**1302 FAIRBANKS ST
LAKELAND FL 33805**

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

59-3387147

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

**THOMAS, LORIA
1302 FAIRBANKS STREET
LAKELAND FL 33805**

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

Elder Pastor Loria Thomas Loria Thomas

(NOTE: Registered Agent signature required when reinstating)

1/2/2001

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, LORIA
1302 FAIRBANKS ST
LAKELAND FL 33805** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, JAMES
1302 FAIRBANKS ST
LAKELAND FL 33805** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WINTER, DELORES
1111 HODGES RD APT 3
LAKELAND FL 33805** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
WELCH, BENJAMIN
PO BOX 4112
WINTER HAVEN FL 33885** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SEBASTIANO, SANDRA
6107 DONEGAL WEST
LAKELAND FL 33813** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CDCJ
THOMA, JAMES
1302 FAIRBANKS ST
LAKELAND FL 33805** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*1/2/2001*
Date*(863) 6862862*
Daytime Phone #**FILED****Jan 10, 2001 8:00 am
Secretary of State**

01-10-2001 90038 001 ****61.25

01-10-2001 90038 002 *****8.75

21513

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)