

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90310 001 ****61.25
 01-24-2002 90310 002 *****8.75

DOCUMENT # N97000006533

1. Entity Name

GOD'S WORD HOUSE OF PRAYER CHURCH, INC.

Principal Place of Business

Mailing Address

**204 MYRTLE ST
 DUNDEE FL 33838**

**1302 FAIRBANKS ST
 LAKELAND FL 33805**

2. Principal Place of Business

1516 Amos Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

4. FEI Number

59-3387147

Applied For

Not Applicable

Zip

Country

Zip

Country

33805

FL

5. Certificate of Status Desired

X

**\$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

Loria Thomas

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/2003

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	D	<input type="checkbox"/> Delete
NAME	THOMAS, LORIA	
STREET ADDRESS	1302 FAIRBANKS ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JAMES	
STREET ADDRESS	1302 FAIRBANKS ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WINTER, DELORES	
STREET ADDRESS	1111 HODGES RD APT 3	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WELCH, BENJAMIN	
STREET ADDRESS	PO BOX 4112	
CITY-ST-ZIP	WINTER HAVEN FL 33885	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEBASTIANO, SANDRA	
STREET ADDRESS	6107 DONEGAL WEST	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	CDCJ	<input type="checkbox"/> Delete
NAME	THOMA, JAMES	
STREET ADDRESS	1302 FAIRBANKS ST	
CITY-ST-ZIP	LAKELAND FL 33805	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
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:

Loria Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/2003 **686-2862**

CR2E037 (9/01)