

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90078 011 *****70.00

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DOCUMENT # N98000003053

1. Entity Name

MORNING GLORY HOUSE OF PRAYER DELIVERANCE MINIST

Principal Place of Business

2325 MC QUADE ST.
JAX FL 32209

Mailing Address

2325 MC QUADE ST.
JAX FL 32209

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

59-3505875

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

WEBB, LINDA PASTOR
2325 MC QUADE ST.
JAX FL 32209

Name **Morning Glory House of Prayer Del. Minist**
 Street Address (P.O. Box Number is Not Acceptable) **1505 West 15th Street**
 City **Jacksonville** FL Zip Code **32209**

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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Delete
NAME	WEBB, LINDA	
STREET ADDRESS	2325 MCQUADE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	T	☐ Delete
NAME	JOHNSON, ANTHONY	
STREET ADDRESS	2325 MCQUADE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	T	☐ Delete
NAME	MOTLEY, FRANKLIN	
STREET ADDRESS	1644 BARBER LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	T	☐ Delete
NAME	FARMER, FALECIA	
STREET ADDRESS	2345 MCQUADE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	T	☐ Delete
NAME	MOTLEY, SANDRA	
STREET ADDRESS	1644 BARBER LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 944-389-6877

CR2E037 (10/00)