

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004096

1. Entity Name

THE APOPKA HOUSE OF PRAYER & FAITH INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90028 040 ****70.00

Principal Place of Business

Mailing Address

1184 S. OLD APOPKA RD.
APOPKA FL 32703

P.O. BOX 454
APOPKA FL 32704-0454



DO NOT WRITE IN THIS SPACE

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

NOT APPLICABLE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MAYS, DOTSEY
205 W. 14TH ST.
APOPKA FL 32703

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

Dotsey Mays

02/14/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEF 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	VSVT	<input type="checkbox"/> Delete
NAME	PYROR, KIMBERLY	
STREET ADDRESS	211 W. 15TH ST.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	CARKR, LASHAY	
STREET ADDRESS	205 W. 14TH ST.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAYS, DOTSEY	
STREET ADDRESS	205 W. 14TH ST.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TYLER, JOHNNY	
STREET ADDRESS	424 W. 5TH ST.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, MARY	
STREET ADDRESS	2713 SHEILINGHAM RD.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PHILLIPS, SHAWNIA	
STREET ADDRESS	205 W. 14TH ST.	
CITY-ST-ZIP	APOPKA FL 32703	

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		
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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:

Dotsey Mays
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/14/00

CR2E037 (9/99)