

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

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**  
08-13-2003 90077 021 \*\*\*\*69.25

**DOCUMENT # N98000004096**

1. Entity Name

**THE APOPKA HOUSE OF PRAYER & FAITH INC.**



Principal Place of Business

**4244 EAST 5TH STREET  
APOPKA FL 32703**

Mailing Address

**P.O. BOX 454  
APOPKA FL 32704**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

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

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  
After September 10, 2003, min will be \$236.25**

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	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, SHAWNTA	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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	
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**

8/11/03 407-886-5873

CR2E037 (4/03)