

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004163

1. Entity Name

HOUSE OF PRAYER HANDICAPPED CHILDREN'S MINISTRY

Principal Place of Business

7236 STATE RD 52 SUITE #3  
HUDSON FL 34667

Mailing Address

7236 STATE RD 52 SUITE #3  
HUDSON FL 34667-6749

2. Principal Place of Business

5801 TROUBLE CREEK COBBLESTONE DR  
Suite, Apt. #, etc.

3. Mailing Address

12404 COBBLESTONE DR  
Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34652

Country

PASCO

City & State

BAYONET PT. FL

Zip

34667

Country

PASCO

4. FEI Number

59-3526789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITE, GLORIA J  
12404 COBBLESTONE DR.  
BAYONET POINT FL 34667

7. Name and Address of New Registered Agent

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: *Gloria J White - owner*  
Signature, typed or printed name of registered agent and title if applicable.

Signature: *Gloria J White*  
(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

TITLE D ☐ Delete  
NAME WHITE, GLORIA J  
STREET ADDRESS 12404 COBBLESTONE DR  
CITY-ST-ZIP BAYONET POINT FL 34667

TITLE D ☐ Delete  
NAME AMMIANO, NANCY DR  
STREET ADDRESS 10344 INDIAN MOUND  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☐ Delete  
NAME HILTON, JEANNIE  
STREET ADDRESS 19321 CRESANT RD  
CITY-ST-ZIP ODESSA FL 33556

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
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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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: *Gloria J White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

400 (727) 868-2381  
Date Daytime Phone #

FILED  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90111 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)