

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 17, 2000 8:00 am
Secretary of State

08-02-2000 90132 001 ****61.25
08-02-2000 90132 002 ****8.75

DOCUMENT # N99000000749

1. Entity Name

HOUSE OF PRAYER AND PRAISE MINISTRIES, INC.

Principal Place of Business

RT 3 BOX 3943
FT WHITE FL 32038

Mailing Address

RT 3 BOX 3943
FT WHITE FL 32038

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

59-3560549

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

PENDERGRAST, NANNETTE
RT 3 BOX 3943
FT WHITE FL 32038

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

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 13, 2000 min. will be \$236.25

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	Corporate Officer	<input type="checkbox"/> Delete
NAME	Larry Pendergrast	<input checked="" type="checkbox"/> D
STREET ADDRESS	RT 3 Box 3943	
CITY-ST-ZIP	Fort White Fla 32038	
TITLE	Robert Voyles Incorporated	<input type="checkbox"/> Delete
NAME	Robert Voyles	<input checked="" type="checkbox"/> D
STREET ADDRESS	P.O. Box 357	
CITY-ST-ZIP	Gainesville, Fla 32602	
TITLE	Incorporated	<input type="checkbox"/> Delete
NAME	Alice Voyles	<input checked="" type="checkbox"/> D
STREET ADDRESS	P.O. Box 357	
CITY-ST-ZIP	Gainesville Fla 32602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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

Date

Daytime Phone #

NANNETTE PENDERGRAST **7-26-2000**

404-758-1976

CR2E037 (5/00)