

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000749

1. Entity Name

HOUSE OF PRAYER AND PRAISE MINISTRIES, INC.

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90135 048 ****70.00

Principal Place of Business

Mailing Address

RT 3 BOX 3943
FT WHITE FL 32038

RT 3 BOX 3943
FT WHITE FL 32038

2. Principal Place of Business

S.W. U.S. Hwy 441

3. Mailing Address

1441 S.W. Carl Wilson Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake City Fla

City & State

Fort White Fla

4. FEI Number

59-3560549

Applied For

Not Applicable

Zip

32024

Country

Columbia

Zip

32038

Country

Columbia

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

1441 S.W. Carl Wilson Road

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

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 ☐ Delete
NAME D
STREET ADDRESS PENDERGRAST, LARRY
CITY-ST-ZIP RT 3 BOX 3943 1441 S.W. Carl Wilson Road
FORT WHITE FL 32038

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

TITLE ☐ Delete
NAME D
STREET ADDRESS VOYLES, ROBERT
CITY-ST-ZIP PO BOX 357
GAINESVILLE FL 32602

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

TITLE ☐ Delete
NAME D
STREET ADDRESS VOYLES, ALICE
CITY-ST-ZIP PO BOX 357
GAINESVILLE FL 32602

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Date

Daytime Phone #

CR2E037 (9/01)