

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90151 027 ****70.00

DOCUMENT # N99000000749

1. Entity Name

HOUSE OF PRAYER AND PRAISE MINISTRIES, INC.



Principal Place of Business

S W US HIGH 441
LAKE CITY FL 32024
US

Mailing Address

1441 S W CARL WILSON ROAD
FORT WHITE FL 32038
US

2. Principal Place of Business

Highway 441 South

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Country



☒ CHECK HERE IF MAKING CHANGES

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

PENDERGRAST, NANNETTE
1441 S W CARL WILSON ROAD
FT WHITE FL 32038

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. 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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	D	PENDERGRAST, LARRY	1441 S W CARL WILSON ROAD FORT WHITE FL 32038	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	VOYLES, ROBERT	PO BOX 357 GAINESVILLE FL 32602	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	VOYLES, ALICE	PO BOX 357 GAINESVILLE FL 32602	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>

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:

Nannette Pendergrast
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)