2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State DOCUMENT # N99000000905 1. Entity Name 05-02-2002 90045 026 ****61.25 THE ABUNDANT LIFE HOUSE OF PRAYER INC. Mailing Address Principal Place of Business 481 GOLFAIR BLVD. 2024 EDGEWOOD AVENUE NORTH JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 2. Principal Place of Business 3. Mailing Address New Address ಆರ್ ಕಿ 3841=Notter Ave Same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-3576581 Jacksonville Not Applicable Florida \$8.75 Additional Country Zip Zip П 5. Certificate of Status Desired Fee Required Dural 32206 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CLARK, JR., ARBIE J ELDER 481 GOLFAIR BLVD. JACKSONVILLE FL 32206 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. 4-18-2002 **SIGNATURE** Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition TITLE ☐ Delete TITLE NAME CLARK, JR., ARBIE J ELDER NAME STREET ADDRESS STREET ADDRESS 481 GOLFAIR BLVD. CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32206 ☐ Change ☐ Addition ☐ Delete TITL E NAME CLARK, MARY L NAME STREET ADDRESS 481 GOLFAIR BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME BRICE, CHRISTINA NAME STREET ADDRESS STREET ADDRESS 624 LINWOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-18-2002 (904)632-0706

Date Daylime Phone #