

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90045 026 ****61.25

DOCUMENT # N99000000905

1. Entity Name

THE ABUNDANT LIFE HOUSE OF PRAYER INC.

Principal Place of Business

**2024 EDGEWOOD AVENUE NORTH
 JACKSONVILLE FL 32206**

Mailing Address

**481 GOLFAIR BLVD.
 JACKSONVILLE FL 32206**

2. Principal Place of Business

3841 Notter Ave (New Address)

3. Mailing Address

The Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32206

Country

Dural

Country

4. FEI Number

59-3576581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, JR., ARBIE J ELDER
 481 GOLFAIR BLVD.
 JACKSONVILLE FL 32206**

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

Eld. Arbie J. Clark Jr. (Pastor)

4-18-2002

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

TITLE	PT	☐ Delete
NAME	CLARK, JR., ARBIE J ELDER	
STREET ADDRESS	481 GOLFAIR BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	TT	☐ Delete
NAME	CLARK, MARY L	
STREET ADDRESS	481 GOLFAIR BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	ST	☐ Delete
NAME	BRICE, CHRISTINA	
STREET ADDRESS	624 LINWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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:

Eld. Arbie J. Clark Jr.

4-18-2002 (904) 632-0706

Date

Daytime Phone #

CR2E037 (9/01)