

2000 UNIFORM BUSINESS REPORT (UBR)

0034916

DOCUMENT # N99000001520

1. Entity Name
THE HOLY HOUSE OF PRAYER RESTORATION CENTER FOR

Principal Place of Business Mailing Address
 11985 SOUTHWEST 217 STREET 11985 SOUTHWEST 217 STREET
 GOULDS FL 33170 -2826 GOULDS FL 33170-2826

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 **65-0903630** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILED
 00 APR 13 PM 1:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD GIBBONS, BETTY R PASTOR 11985 SOUTHWEST 217 STREET GOULDS FL 33170 -2826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003217552--1 -04/20/00--01105--012 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARKINS, DEANDRE 11985 SOUTHWEST 217 STREET GOULDS FL 33170 -2826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWMAN, CAROLYN 11985 SOUTHWEST 217 STREET GOULDS FL 33170 -2826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIPPIO, LINDA G 11985 SOUTHWEST 217 STREET GOULDS FL 33170 -2826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ca. pastor MITCHELL, Robert 11985 S.W. 217 Street Goulds Fla 33170-2826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CD-Pastor Robert Mitchell 11985 S W 217 Street Goulds Fla 33170 2826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec'y ROBINSON, Corlis 11985 S W 217 Street Goulds Fla 33170 -2826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Recording Secretary Robinson, Corlis 11985 S W 217 Street Goulds, Fla. 33170-2826 SP

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 information.

SIGNATURE: Pastor Betty R Gibbons Date: March 2000 Daytime Phone #: 305 2571956

CR2E037 (9/99)