

2000. UNIFORM BUSINESS REPORT (UBR)

0034916

DOCUMENT # N99000001520

1. Entity Name

THE HOLY HOUSE OF PRAYER RESTORATION CENTER FOR

Principal Place of Business

11985 SOUTHWEST 217 STREET
GOULDS FL 33170 -2826

Mailing Address

11985 SOUTHWEST 217 STREET
GOULDS FL 33170-2826

FILED

00 APR 13 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 PD
NAME GIBBONS, BETTY R PASTOR
STREET ADDRESS 11985 SOUTHWEST 217 STREET
CITY-ST-ZIP GOULDS FL 33170 -2826

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME LARKINS, DEANDRE
STREET ADDRESS 11985 SOUTHWEST 217 STREET
CITY-ST-ZIP GOULDS FL 33170 -2826

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME NEWMAN, CAROLYN
STREET ADDRESS 11985 SOUTHWEST 217 STREET
CITY-ST-ZIP GOULDS FL 33170 -2826

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SIPPIO, LINDA G
STREET ADDRESS 11985 SOUTHWEST 217 STREET
CITY-ST-ZIP GOULDS FL 33170 -2826

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ca. pastor
NAME MITCHELL, Robert
STREET ADDRESS 11985 S.W. 217 Street
CITY-ST-ZIP GOULDS FL 33170-2826

TITLE CD-Pastor
NAME MITCHELL, Robert
STREET ADDRESS 11985 S W 217 Street
CITY-ST-ZIP GOULDS FL 33170 2826

TITLE Sec'y
NAME ROBINSON, Corlis
STREET ADDRESS 11985 S W 217 Street
CITY-ST-ZIP GOULDS FL 33170 -2826

TITLE Recording Secretary
NAME ROBINSON, Corlis
STREET ADDRESS 11985 S W 217 Street
CITY-ST-ZIP GOULDS, FLA. 33170-2826

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

March 2000 305 2571956

Date

Daytime Phone #

CR2E037 (9/99)