

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90072 034 ****61.25

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DOCUMENT # N99000001520

1. Entity Name

THE HOLY HOUSE OF PRAYER RESTORATION CENTER FOR

Principal Place of Business

11985 SOUTHWEST 217 STREET
GOULDS FL 33170

Mailing Address

11780 S.W. 227th Street
GOULDS FL 33170 - 4565

11780 S.W. 227th Street
11985 SOUTHWEST 217 STREET
GOULDS FL 33170 - 4565
TEL. 305-257-1956

UUUJ4416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Coro Pastor Betty Gibbons

Suite, Apt. #, etc.

11780 S.W. 227th

City & State

Goulds, Fla

Zip

33170-4565

Country

DADE

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

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

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 *Spiegel & Utrera, P.A.*

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 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	VD LARKINS, DEANDRE 11985 SOUTHWEST 217 STREET GOULDS FL 33170-2826	<input type="checkbox"/> Delete
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	D SIPPIO, LINDA G 11985 SOUTHWEST 217 STREET GOULDS FL 33170-2826	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MITCHEL, ROBERT 11985 S.W. 217TH STREET GOULDS FL 33170-2826	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, CORLIS 11985 S.W. 217TH 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Betty Gibbons, Pastor President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-01 305-257-1956

CR2E037 (10/00)