

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001844

1. Entity Name

JESUS HOUSE OF PRAYER, INC.

Principal Place of Business

9516 ABERDARE AVE.
JACKSONVILLE FL 32208

Mailing Address

9516 ABERDARE AVE.
JACKSONVILLE FL 32208

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT E
9516 ABERDARE AVE.
JACKSONVILLE FL 32208

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 Robert E. Johnson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/2001

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 PD ☐ Delete
NAME JOHNSON, ROBERT E
STREET ADDRESS 9516 ABERDARE AVE.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE VD ☐ Delete
NAME JOHNSON, MATTIE L
STREET ADDRESS 9516 ABERDARE AVE.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE SD ☐ Delete
NAME GREENE, REGINA W
STREET ADDRESS 2600 AET MUSEUS DR., APT. 75
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ Delete
NAME GREENE, DANNY S
STREET ADDRESS 2600 ART MUSEUM DR., APT. 75
CITY-ST-ZIP JACKSONVILLE FL

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

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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: Robert E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 14, 2001 8:00 am
Secretary of State
04-14-2001 90025 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)