

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002232

1. Entity Name

HOUSE OF THE LORD MINISTRIES, INC.

Principal Place of Business

3271 W. BROWARD BLVD
FT. LAUDERDALE FL 33312

Mailing Address

P O BOX 120724
FT LAUDERDALE FL 3312-013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LLOYD, HENRY
2800 NW 56 AVE E106
LAUDERHILL FL 33313

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

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 | <input type="checkbox"/> Delete |
|-------|------|------------------|--|---------------------------------|
| | P | LLOYD, HENRY | 2800 NW 56 AVE FT. LAUDERDALE FL 33311 | <input type="checkbox"/> |
| | S | EDWARDS, GENEVIA | 2649 NW 48 TERR LAUDERDALE LAKE FL 33312 | <input type="checkbox"/> |
| | T | ROBINSON, JULIAN | 3881 NW 4 CT. FT. LAUDERDALE FL 33311 | <input type="checkbox"/> |
| | D | WILLIAM, JOHN | 5231 NW 12TH CT LAUDERHILL FL 33313 | <input type="checkbox"/> |
| | T | PHILPOT, WILLIE | 3300 NW 43RD TERR LAUDERDALE LAKES FL 33319 | <input type="checkbox"/> |
| | T | GRAY, JERRY | 311 SW 30TH AVE FORT LAUDERDALE FL 33312 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Date

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90960 001 *****8.75

03-29-2001 90960 002 *****61.25

66645



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0941681

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E037 (10/00)