

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N99000003287

1. Entity Name

EMANUEL "GOD IS WITH US" HOUSE OF PRAYER INC.

Emanuel House of Prayer Deliverance Ministries, Inc.

Principal Place of Business

Mailing Address

715 AVONDALE ST., #5  
ORLANDO FL 32805715 AVONDALE ST., #5  
ORLANDO FL 32805-3245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-356 788 8

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

DUPREE, ANNIE  
715 AVONDALE ST., #5  
ORLANDO FL 32805

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	D President Mother Annie Dupree 715 Avondale Ave. #5 Orlando, Fla. 32805		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	D Vice President Tracey Dupree 829 Mitchell Dr. Orlando, Fla. 32805		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	D Gen. Secretary Patricia Massaleone 3718 Wells Str. Orlando, Fla. 32805		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	Treasurer Billy Pierce 3700 Curryford Rd. Apt. W-18 Orlando, Fla. 32807		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	Asst. Treasurer Scherri Pierce 3700 Curryford Rd. Apt. W-18 Orlando, Fla. 32807		
<input type="checkbox"/> Delete				<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: ANNIE ANN DUPREE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-423-7740



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)