

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003287

1. Entity Name

EMANUEL HOUSE OF PRAYER DELIVERANCE MINISTRIES,

Principal Place of Business

715 AVONDALE ST.,#5  
ORLANDO FL 32805

Mailing Address

715 AVONDALE ST.,#5  
ORLANDO FL 32805

2. Principal Place of Business

4199 Cr Reda St

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

4. FEI Number

59-3567888

Applied For

Not Applicable

Zip

32811

Country

Orange

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUPREE, MOTHER ANNIE 715 AVONDALE DR #5 ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUPREE, TRACEY 829 MITCHELL DRIVE ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GSD MASSALENE, PATRICIA 3718 WELLS STREET ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERCE, BILLY 3700 CURRY FORD RD APT W-18 ORLANDO FL 32807	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PIERCE, SCHERRI 3700 COUNTRY FORD RD APT W-18 ORLANDO FL 32807	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 15-01

Date

407-423-7740

Daytime Phone #

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

04-11-2001 90024 046 \*\*\*\*61.25

943107



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment  
#199000003587  
943154

EMANUEL HOUSE OF PRAYER DELIVERANCE MINISTRIES INC.

· A NONPROFIT ORANGANIZATION.

GSD\_TONIA E. SENTER

715 apt 5 Avondale Ave.

Orlando, Fla 32805

T\_ DWANE J. DUPREE

4086 Ferrow St.

Orlando, Fla 32811

ASST\_BARBRA LEATH

1538 Indiana St. -

Orlando, Fla 32805

C\_DOROTHY L. ROBINSON

2115 Rivertree apt 106

Orlando. Fla

T-DOROTHY MCCANST

916 Mitichell Dr.

Orlando, Fla 32805

T JAMES RIVER

1715 Mercy Dr. apt 104

ORLANDO. FLA

32808

T\_DEBRA REESE

742 W. Livingston St.

Orlando, Fla 32805