

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90544 049 *****61.25

DOCUMENT # N99000003287

1. Entity Name

EMANUEL HOUSE OF PRAYER DELIVERANCE MINISTRIES, INC.



Principal Place of Business

**4199 CEPEDA ST
ORLANDO FL 32811**

Mailing Address

**715 AVONDALE ST.,#5
ORLANDO FL 32805**

2. Principal Place of Business

809 Avondale ave

3. Mailing Address

809 Avondale ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Fla

City & State

Orlando Fla

32805

Orange

32805

Orange

4. FEI Number **59-3567888**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUPREE, MOTHER ANNIE	
STREET ADDRESS	715 AVONDALE DR #5	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUPREE, TRACEY	
STREET ADDRESS	829 MITCHELL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	GSD	<input type="checkbox"/> Delete
NAME	SENER, TONIA E	
STREET ADDRESS	715 AP 5 AVONDALE AV	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	T	<input type="checkbox"/> Delete
NAME	PIERCE, BILLY	
STREET ADDRESS	3700 CURRY FORD RD APT W-18	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIVER, JAMES	
STREET ADDRESS	1715 MERCY DR AP 104	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUPREE, DWANE J	
STREET ADDRESS	4086 FERROW ST	
CITY-ST-ZIP	ORLANDO FL 32811	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

4/21/03 407-423-7740

CR2E037 (10/02)