

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007424

1. Entity Name

HOUSE OF PRAYER RESTORATION MINISTRY, INCORPORAT

Principal Place of Business

Mailing Address

414 THOMAS AVENUE  
COCOA FL 32922

414 THOMAS AVENUE  
COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

513 B. S. Cocoa Blvd

414 Thomas Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cocoa, Florida

Cocoa, FL

Zip

Country

Zip

Country

32922 United States

32922 United States

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, THOMAS RONNIE  
414 THOMAS AVENUE  
COCOA FL 32922

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

*Thomas R Hamilton*

4/25/2000

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	HAMILTON, THOMAS R	414 THOMAS AVENUE COCOA FL 32922	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	HAMILTON, TAMIE Y	414 THOMAS AVENUE COCOA FL 32922	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	YOUNG, MARIANNE L	6200 WOODLAKE DR., #102 PALM BAY FL 32905	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<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:

*MARIANNE L YOUNG*

4/24/2000

321-722-3884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90082 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE