

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90004 028 \*\*\*\*70.00

**DOCUMENT # N99000007424**

1. Entity Name

**HOUSE OF PRAYER RESTORATION MINISTRY, INCORPORAT**

Principal Place of Business

513B S COCOA BV  
 COCOA FL 32922  
 US

Mailing Address

414 THOMAS AVENUE  
 COCOA FL 32922  
 US

2. Principal Place of Business

3. Mailing Address

PO Box 3145

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa FL 71A

4. FEI Number

58-3614412

Applied For

Not Applicable

Zip

Country

Zip

Country

32922

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

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*

4-3-01

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 ☐ Delete  
 NAME D  
 STREET ADDRESS HAMILTON, THOMAS R  
 CITY-ST-ZIP 414 THOMAS AVENUE  
 COCOA FL 32922

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS HAMILTON, TAMIE Y  
 CITY-ST-ZIP 414 THOMAS AVENUE  
 COCOA FL 32922

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS YOUNG, MARIANNE L  
 CITY-ST-ZIP 6200 WOODLAKE DR., #102  
 PALM BAY FL 32905

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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: *Thomas R Hamilton* 4-3-01 321-631-7587  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)