

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90291 021 \*\*\*\*61.25

**DOCUMENT # N99000007424**

1. Entity Name

**HOUSE OF PRAYER RESTORATION MINISTRY, INCORPORAT  
ION**

Principal Place of Business

Mailing Address

513B S COCOA BV  
COCOA FL 32922  
US

PO BOX 3145  
COCOA FL 32922  
US

2. Principal Place of Business

8010 N Atlantic

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Coral

32920

USA

Zip

Country

4. FEI Number

58-3614412

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

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 Ronnie Hamilton

Thomas Ronnie Hamilton 4-11-02

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 HAMILTON, THOMAS R  
STREET ADDRESS 414 THOMAS AVENUE  
CITY-ST-ZIP COCOA FL 32922

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

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

TITLE ☐ Change ☐ Addition  
NAME Hamilton Tamie Y  
STREET ADDRESS 414 Thomas Avenue  
CITY-ST-ZIP COCOA FL 32922

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Thomas Ronnie Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

Date

321-722-3284

Daytime Phone #

CR2E037 (9/01)