

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, INCORPORATION

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

3. Mailing Address

8010 N Atlantic

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Coral

32920

Country
 USA

Zip

Country

4. FEI Number

58-3614412

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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

Thomas Ronnie Hamilton

4-11-02

321-722-3284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)