

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761267 (4)

1. Corporation Name
NEW BIRTH HOUSE OF PRAYER FOR ALL PEOPLE, INC.



Principal Place of Business: P.O. BOX 5712 FT. LAUDERDALE FL 33310
Mailing Address: P.O. BOX 5712 FT. LAUDERDALE FL 33310

3. Date Incorporated or Qualified: 12/30/1981
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0013186	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MCCORMICK, QUEEN E
481 N.W. 17TH PL
FORT LAUDERDALE FL 33311

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	MCCORMICK, QUEEN E. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCCORMICK, QUEEN E.		1.2 NAME	
STREET ADDRESS: 481 N.W. 17TH PL		1.3 STREET ADDRESS	
CITY-ST-ZIP: FT. LAUD. FL		1.4 CITY-ST-ZIP	
TITLE: VD	MCCORMICK, SAMMIE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCCORMICK, SAMMIE		2.2 NAME	
STREET ADDRESS: 481 N.W. 17TH PL		2.3 STREET ADDRESS	
CITY-ST-ZIP: FT. LAUD. FL		2.4 CITY-ST-ZIP	
TITLE: TD	GAINES, ANGELA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GAINES, ANGELA		3.2 NAME	
STREET ADDRESS: 3431 NW 6TH COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP: FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE: D	BRYANT, LILLIE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRYANT, LILLIE		4.2 NAME	
STREET ADDRESS: 3921 N.W. 34TH AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP: FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE: D	BRYANT, DONALD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRYANT, DONALD		5.2 NAME	
STREET ADDRESS: 3921 N.W. 34TH AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP: FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE: SD	MCCORMICK, ESTHER <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCCORMICK, ESTHER		6.2 NAME	
STREET ADDRESS: 490 N.W. 17TH PL		6.3 STREET ADDRESS	
CITY-ST-ZIP: FT. LAUDERDALE FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementa' annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Queen E. McCormick* / Queen E. McCormick 4/19/96 954-761-9398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)