

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT #  
1. Corporation Name

761267

NEW BIRTH HOUSE OF PRAYER FOR ALL

Principal Place of Business  
2300 nw 22nd st.  
Fort Lauderdale Fl 33311

Mailing Address  
P.O. Box 5712  
Fort Lauderdale Fl 33310

3. Date Incorporated or Qualified  
3a. Date of Last Report  
4/96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0013186  
Applied For  
Not Applicable

22 Suite, Apt # etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Queen McCormick  
490 nw 17th pl  
Fort Lauderdale, Fl  
33311

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

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  DELETE  
NAME President  
STREET ADDRESS Queen McCormick  
CITY-ST-ZIP 490 nw 17th pl Ft. Laud. Fl 33311  
TITLE  DELETE  
NAME V.P.  
STREET ADDRESS Samuel McCormick  
CITY-ST-ZIP 490 nw 17th pl, Ft. Laud. Fl 33311  
TITLE  DELETE  
NAME Treasure  
STREET ADDRESS Angela McCormick  
CITY-ST-ZIP 3431 nw 6 ct Ft. Laud. Fl 33311  
TITLE  DELETE  
NAME Secretary  
STREET ADDRESS Lillie Bryant  
CITY-ST-ZIP 3921 nw 34 ave Laud. Lakes Fl 33311  
TITLE  DELETE  
NAME Board of Director  
STREET ADDRESS Benjamin Bryant  
CITY-ST-ZIP 3921 nw 34 ave. Laud. Lakes F 33311  
TITLE  DELETE  
NAME Board of Director  
STREET ADDRESS Esther McCormick  
CITY-ST-ZIP 490 nw 17 Pl Fort 33311

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

300002156813  
-04/28/97--01082--030  
\*\*\*61.25

14. I do 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 annual report or supplemental 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 McCormick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97  
Date  
954-7619378  
Daytime Phone #

CR2E037 (9/96)