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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

761267

FILED Apr 25 1997 8:00am Secretary of State

| Preriopal Flace PEPLIEE INC. Maling Address P.O. Box 5712 Fort Lauderdale F1 33311 33310 3. Date incorporated or Quelified 4/96 2. Principal Flace of Business 2a. Maling Address 2b. Maling Address 2c. Principal Flace of Business 2c. Maling Address 2c. Principal Flace of Business 2c. Maling Address 2c. Principal Flace of Business 2c. Maling Address 2c. Maling Address 2c. Principal Flace of Business 2c. Maling Address 2c. Octobrochist Address 2c. Maling Address 2c. Octobrochist Address 2c. Maling Address 2c. Octobrochist Address 2c. Maling Address 2c. Maling Address 2c. Octobrochist Address 2c. Octobrochist Addres | | NEW BIRTH HOUSE OF PRAYER FOR | ALL | | | | | | | |
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| Suite, Apt # etc. Suite, Apt # etc. | | | | | | | | | | |
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| Country Zip Country Zip Country Signature Signature Country Signature Signature Country Signature Signature Country Signature Country Signature Country Signature Country Signature Country Signature Si | City & Stat | le City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
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| Secretary Secr | | | | | | | | | | |
| Queen McCormick 490 nw 17th pl Fort Lauderdale, Fl 33311 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 are furnisher with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE | 24 | | su] | ······································ | 1 | | | | | |
| ### President OFFICERS AND DIRECTORS IN 12 NAME STREET ANDRESS ON W 17th pl pt. Laud Pl 14 City-St-Zip DELETE 11 TITLE | | | 8 | 1 Name | | | | 2011 | | |
| Fort Lauderdale, F1 33311 84 City FL B5 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 agent, a 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, are framinal with, and accept the obligations of. Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, are framinal with, and accept the obligations of. Section 617.0503, Florida Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 III.E MAM. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 III.E MAM. 12. NAME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 III.E V. P. Samuel McCormick 13. SIRECT ADDRESS CITY ST. AP 14. City FL B5 Zip Code 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 III.E V. P. Samuel McCormick 13. SIRECT ADDRESS CITY ST. AP 14. City FL B5 Zip Code 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. City ST. AP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addition 17. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 19. Change | | | | Circot | Addres | (DO Day N | | | | |
| 33311 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 agent. Jan familiar with, and accept the obligations of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent. Jan familiar with, and accept the obligations of Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Jan familiar with, and accept the obligations of Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Jan familiar with, and accept the obligations of Sections 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Jan familiar with, and accept the obligation of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Jan familiar with, and accept the obligation of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Jan familiar with, and accept the obligation for the purpose of changing its registered agent. Jan familiar with, and accept the obligation for the purpose of changing its registered agent. Jan familiar with, and accept the obligation for the purpose of changing its registered agent. Jan familiar with, and accept the obligations. Jan familiar with, and accept the objective data and accept the objective data and accept the objective data and accept the objection for accept the objection for accept the objection for accept the objective data and accept the objection for accept the objective | | | | a Sileei. | Audres | s (F.O. Box Northber is Not Acceptable | e) | | | |
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| 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 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, 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 if aminiar with, and accept the obligations of. Section 617.0503, Florida Statutes. SIGNATURE Significate System of period name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITHE President Queen McCormick 12. NAME Queen McCormick 13. STREET ADDRESS GIY-SI-ZIP ITHE V.P. DELETE 11.TILE 12. Change Addition Change Addition Change Addition Treasure Angela McCormick 33.311 24.CIY-SI-ZIP ITHE Angela McCormick 34.31 nw 6 ct Ft. Laud. Fl 34. CIY-SI-ZIP ITHE Change Addition Change Addition Change Addition | | 33311 | 8 | 4 City | | | | RS Zin | Code | |
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| Treasure DELETE 3.1 little Change Addition NAME Angela McCormick 3.2 NAME 3.3 STREET ADDRESS CITY ST 716 Secretary 33311 DELETE 41 little Change Addition Change Addition | | 490 nw 17th pl, Ft. Laud. Fl | | | | | | | | |
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| 010001 20000000 | | Lillie Bryant | | | | (| | | | |
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| CHY-SI 7IP 33311 44 CHY-SY-ZIP WWW Change Addition | | *** - · · · · · · · · · · · · · · · · · | | | ┼── | - A 30 h | - ///- | Change | Addition | |
| NAME Benjamin Bryant 52 NAME | | Journ of Director | | | | 4. 4 | ή, | - william | | |
| STRUTADDRESS 3921 nw 34 ave. Laud. Lakes FL53STREET ADDRESS | STREET ADDRESS | 3921 nw 34 ave. Laud. Lakes F | 15.3 STREE | ET ADDRESS | | $\mathcal{J}_{\mathcal{L}_{i}}$ | J | | | |
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| Board Of Director Board Of Director DELETE 61 TITLE Board Of Director DELETE 62 TITLE Board Of Director DELETE 62 TITLE Board Of Director DELETE 63 TITLE Board Of Director DELETE 64 TITLE Board Of Director DELETE 64 TITLE Board Of Director DELETE DELETE Board Of Director DELETE B | TOTALE | Dogra of Director — | 6.1 TITLE | , | | 20000215 | | Change | Addition | |
| NAME Esther McCormick 62NAME -04/28/9701082030 | | Esther McCormick | | | | -04/28/97010 | 2000 820 | 30 7 3 | | |
| SIRCE MUNICS 470 TA 17 FT FOTO LIQUIG. FT BASSINES MUNICS SERVICES | | 490 nw 17 Pl Fort Laud. Fl | | | | | UL U | JU | | |
| 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the | | | | | tated in | | Liurther | 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; the Lam 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

O NAME OF EIGHING DEFICER DR DIRECTOR

4/18/97

954-7619398