

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90262 039 \*\*\*\*61.25

**DOCUMENT # 761267**

1. Entity Name

**NEW BIRTH HOUSE OF PRAYER FOR ALL PEOPLE, INC.**

Principal Place of Business

Mailing Address

2300 NW 22ND STREET  
 FT. LAUDERDALE FL 33311

PO BOX 5712  
 FT. LAUDERDALE FL 33310-5712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0013186**

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

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

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

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

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCCORMICK, QUEEN E.</b>                | NAME  |   |
| STREET ADDRESS             | <b>490 N.W. 17TH PL</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>FT. LAUD. FL</b>                       | CITY-ST-ZIP   |   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCCORMICK, SAMMIE</b>                  | NAME  |   |
| STREET ADDRESS             | <b>490 N.W. 17TH PL</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>FT. LAUD. FL</b>                       | CITY-ST-ZIP   |   |
| TITLE                      | <b>T</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GAINES, ANGELA</b>                     | NAME  |   |
| STREET ADDRESS             | <b>3431 NW 6TH COURT</b>                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL</b>                  | CITY-ST-ZIP   |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRYANT, LILLIE</b>                     | NAME  |   |
| STREET ADDRESS             | <b>3921 N.W. 34TH AVE.</b>                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL</b>                  | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRYANT, BENJAMIN</b>                   | NAME  |   |
| STREET ADDRESS             | <b>3921 NW 34TH AVENUE</b>                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>LAUDERDALE LAKES FL 33311</b>          | CITY-ST-ZIP   |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCCORMICK, ESTHER</b>                  | NAME  |   |
| STREET ADDRESS             | <b>490 N.W. 17TH PL</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL</b>                  | 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)(l), 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: *Queen McCormick* SIGNATURE REQUIRED *Queen McCormick* 4/15/00 954-789-7729  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)