

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90322 042 ****61.25

DOCUMENT # 761267

1. Entity Name

NEW BIRTH HOUSE OF PRAYER FOR ALL PEOPLE, INC.

Principal Place of Business

Mailing Address

2900 NW 22ND STREET
 FT. LAUDERDALE FL 33311

PO BOX 5712
 FT. LAUDERDALE FL 33310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0013186

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCORMICK, QUEEN E.	
STREET ADDRESS	490 N.W. 17TH PL	
CITY-ST-ZIP	FT. LAUD. FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCORMICK, SAMMIE	
STREET ADDRESS	490 N.W 17TH PL	
CITY-ST-ZIP	FT. LAUD. FL	
TITLE	T.	<input type="checkbox"/> Delete
NAME	GAINES, ANGELA	
STREET ADDRESS	3431 NW 6TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYANT, LILLIE	
STREET ADDRESS	3921 N.W. 34TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, BENJAMIN	
STREET ADDRESS	3921 NW 34TH AVENUE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCORMICK, ESTHER	
STREET ADDRESS	490 N.W. 17TH PL	
CITY-ST-ZIP	FT. LAUDERDALE FL	

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	
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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: *Esther McCormick*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/24/01* Daytime Phone #: *954 734-7729*

CR2E037 (10/00)