

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90171 016 ****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**

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

Queen McCormick

Queen McCormick

4-7-02

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 checked="" type="checkbox"/> Delete
NAME	MCCORMICK, ESTHER	
STREET ADDRESS	490 N.W. 17TH PL	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margie Williams	
STREET ADDRESS	2300 NW 22 ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33311	
TITLE	Verna Williams	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2300 N W 22 ST	
STREET ADDRESS	FT LAUDERDALE, FL 33311	
CITY-ST-ZIP	FT LAUDERDALE, FL 33311	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Queen E. McCormick	
STREET ADDRESS	8221 NW 51 CT	
CITY-ST-ZIP	LAUDERHILL, FL 33351	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sammie McCormick	
STREET ADDRESS	8221 NW 51 CT	
CITY-ST-ZIP	LAUDERHILL, FL 33351	
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		

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:

Queen McCormick **REQUIRED**

4-7-02

954-739-7729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)