

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR -8 PM 3:16

**DOCUMENT # 768959 (9)**

1. Corporation Name

**THE ORIGINAL TABERNAACLE OF PRAYER FOR ALL PEOPLE  
, INC. OF FT. PIERCE**

Principal Place of Business

Mailing Address

1301 NORTH 27TH STREET  
FT. PIERCE FL 34954

P. O. BOX 2458  
FT. PIERCE FL 34954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1983

3a. Date of Last Report

02/02/1994

4. FEI Number

59-2324300

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75** Supplemental  
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKINNON, MICHAEL L JR  
2011 SOUTH 25TH STREET  
FT. PIERCE FL 34950

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

HINTON, BEVERLY

STREET ADDRESS

4401 EVERGREEN AVENUE

CITY - ST - ZIP

FT. PIERCE FL

TITLE

VD

NAME

CAMPBELL, ELAINE

STREET ADDRESS

2200 NORTH 21ST STREET

CITY - ST - ZIP

FT. PIERCE FL

TITLE

AD

NAME

GARDENHIGH, RUBY

STREET ADDRESS

108 GOTHAM DRIVE

CITY - ST - ZIP

FT. PIERCE FL

TITLE

AAD

NAME

TROUTMAN, EVINS

STREET ADDRESS

3101 TROPIC BLVD.

CITY - ST - ZIP

FT. PIERCE FL

TITLE

SD

NAME

TROUTMAN, PHYLLIS

STREET ADDRESS

1086 23RD PLACE SW

CITY - ST - ZIP

VERO BEACH FL

TITLE

TD

NAME

HICKMAN, ANITA

STREET ADDRESS

3401 AVENUE M

CITY - ST - ZIP

FT. PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 addressee.

SIGNATURE:

*Beverly H. Hinton* / Beverly H. Hinton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/95 407-464-1379  
DATE TELEPHONE #