

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768959 (9)
1. Corporation Name
THE ORIGINAL TABERNACLE OF PRAYER FOR ALL PEOPLE, INC. OF FT. PIERCE



Principal Place of Business 1301 NORTH 27TH STREET FT. PIERCE FL 34954	Mailing Address P. O. BOX 2458 FT. PIERCE FL 34954-2458
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3. Date Incorporated or Qualified 06/15/1983	3a. Date of Last Report 03/19/1996
4. FEI Number 59-2324300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**MCKINNON, MICHAEL L JR
2011 SOUTH 25TH STREET
FT. PIERCE FL 34950**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	415 Ave. A
84. State	FL
85. Zip Code	34950

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HINTON, BEVERLY	
STREET ADDRESS	4401 EVERGREEN AVENUE	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ELAINE	
STREET ADDRESS	2200 NORTH 21ST STREET	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	GARDENHIGH, RUBY	
STREET ADDRESS	108 GOTHAM DRIVE	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	AAD	<input type="checkbox"/> DELETE
NAME	TROUTMAN, EVINS	
STREET ADDRESS	3101 TROPIC BLVD.	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HICKMAN, ANITA	
STREET ADDRESS	3401 AVENUE M	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, RUBY	
STREET ADDRESS	2306 AVENUE I	
CITY - ST - ZIP	FORT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shirley Ellis	
1.3 STREET ADDRESS	1008 N. 39th St.	
1.4 CITY - ST - ZIP	Ft. Pierce, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 address.

SIGNATURE *Beverly H. Hinton* *Beverly H. Hinton* 1/24/97 464-7579

CR2E037 (9/96)