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Secretary of State

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01/4539

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768959

1. Corporation Name

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

* 79090 - 90120 - 14 *

Principal Place of Business
 1301 NORTH 27TH STREET
 FT. PIERCE FL 34954

Mailing Address
 P. O. BOX 2458
 FT. PIERCE FL 34954



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/15/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2324300	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCKINNON, MICHAEL L JR 415 AVE. A FT. PIERCE FL 34950				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HINTON, BEVERLY			1.2 NAME			
STREET ADDRESS	4401 EVERGREEN AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, ELAINE			2.2 NAME			
STREET ADDRESS	2200 NORTH 21ST STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL			2.4 CITY-ST-ZIP			
TITLE	AD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARDENHIGH, RUBY			3.2 NAME			
STREET ADDRESS	108 GOTHAM DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL			3.4 CITY-ST-ZIP			
TITLE	AAD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TROUTMAN, EVINS			4.2 NAME			
STREET ADDRESS	3101 TROPIC BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HICKMAN, ANITA			5.2 NAME			
STREET ADDRESS	3401 AVENUE M			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, RUBY			6.2 NAME			
STREET ADDRESS	2306 AVENUE I			6.3 STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE FL			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *Beverly H. Hinton* DATE: 2/9/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Beverly H. Hinton 561-466-9543
 Daytime Phone #

CR2E037 (1/198)