

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90024 041 ****61.25

DOCUMENT # 768959

1. Entity Name

THE ORIGINAL TABERNACLE OF PRAYER FOR ALL PEOPLE

Principal Place of Business

Mailing Address

1301 NORTH 27TH STREET
 FT. PIERCE FL 34954

P. O. BOX 2458
 FT. PIERCE FL 34954-2458

941100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2324300

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINNON, MICHAEL L JR
415 AVE. A
FT. PIERCE FL 34950

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	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	

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	
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	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000 561-404-7379
 Date Daytime Phone #

CR2E037 (9/99)