

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90217 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 768959**

1. Entity Name

**THE ORIGINAL TABERNACLE 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**

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

**59-2324300**

Applied For

Not Applicable

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** ☐ Delete  
 NAME **HINTON, BEVERLY**  
 STREET ADDRESS **4401 EVERGREEN AVENUE**  
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE **Secretary** ☐ Change ☒ Addition  
 NAME **Dennis Moore**  
 STREET ADDRESS **3309 Ave B**  
 CITY-ST-ZIP **Fort Pierce FL 34950**

TITLE **VD** ☒ Delete  
 NAME **CAMPBELL, ELAINE**  
 STREET ADDRESS **2200 NORTH 21ST STREET**  
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE **Vice President** ☒ Change ☐ Addition  
 NAME **Ruby Carter**  
 STREET ADDRESS **1703 N 12th Street**  
 CITY-ST-ZIP **Fort Pierce FL 34950**

TITLE **AD** ☐ Delete  
 NAME **GARDENHIGH, RUBY**  
 STREET ADDRESS **108 GOTHAM DRIVE**  
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE **AAD** ☒ Change ☐ Addition  
 NAME **Loretta Rackins**  
 STREET ADDRESS **2502 Ave N**  
 CITY-ST-ZIP **Fort Pierce FL 34947**

TITLE **AAD** ☒ Delete  
 NAME **TROUTMAN, EVINS**  
 STREET ADDRESS **3101 TROPIC BLVD.**  
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE **Director** ☒ Change ☐ Addition  
 NAME **Donald Williams**  
 STREET ADDRESS **1721 SE Port St Blvd**  
 CITY-ST-ZIP **Port St Lucie FL 34952**

TITLE **TD** ☐ Delete  
 NAME **HICKMAN, ANITA**  
 STREET ADDRESS **3401 AVENUE M**  
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **CARTER, RUBY**  
 STREET ADDRESS **2306 AVENUE I**  
 CITY-ST-ZIP **FORT PIERCE FL**

TITLE ☐ Change ☐ 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:**

**Beverly H. Hinton**

**4/12/02**

**772-466-9593**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment #

768959

April 12, 2002

To Whom it may concern;

Please delete the following names:

Blaine Campbell

Lewis Groatman

Please add the following names:

Loretta Rackin's

Ronald Williams

Thank you for your cooperation in this matter.

Dwight H. Hinton, President