2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768959

FILED Apr 01, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1301 NORTH 27TH STREET FT. PIERCE, FL 34947 **Current Mailing Address: New Mailing Address:** P. O. BOX 2458 P. O. BOX 2458 FT. 02272004, FL 34954 FT. PIERCE, FL 34954 FEI Number: 59-2324300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKINNON, MICHAEL L JR 415 AVE. A FT. PIERCE, FL 34950 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HINTON, BEVERLY H Name: Name: 4401 EVERGREEN AVENUE Address: Address: City-St-Zip: FT. PIERCE, FL 34947 City-St-Zip: Title: () Delete Title: (X) Change () Addition HINTON, BEVERLY H Name: MOORE, DENNIS L Name: Address: 3309 AVE B Address: 3309 AVE B City-St-Zip: FORT PIERCE, FL 34947 City-St-Zip: FORT PIERCE, FL 34947 Title: () Delete Title: () Change () Addition GARDENHIGH, RUBY Name: Name: 108 GOTHAM DRIVE Address: Address: City-St-Zip: FT. PIERCE, FL City-St-Zip: Title: AAD () Delete Title: () Change () Addition RACKINS, LORETTA Name: Name: Address: 2502 AVE N Address: FORT PIERCE, FL 34947 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition HICKMAN, ANITA Name: Name: 3401 AVENUE M Address: Address: City-St-Zip: FT. PIERCE, FL 34947 City-St-Zip: Title: () Delete Title: () Change () Addition CARTER, RUBY Name: Name: Address: 1703 N 12TH STREET Address: FORT PIERCE, FL 34947 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY H HINTON PD 04/01/2005