

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39680

(6)

1. Corporation Name

THE ORIGINAL TABERNACLE OF PRAYER FOR ALL PEOPLE
, INC.



Principal Place of Business

C/O VERONICA ALEXANDER
163 W. 20TH STREET
RIVIERA BEACH FL 33404
US

Mailing Address

C/O VERONICA ALEXANDER
P.O. BOX 10201
RIVIERA BEACH FL 33419
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/08/1990

3a. Date of Last Report

10/12/1995

4. FEI Number

65-0191415

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

ALEXANDER, VERONICA
521 W. 27TH STREET
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

A

BOGIER, LAWRENCE
801 S CLAIBORNE STREET
GOLDSBORO NC

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

WILLIAMS, HAYWOOD
142 E 23RD ST
RIVIERA BEACH FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

JAMES, MARCEL
5819 E. BERMUDA CIRCEL
WEST PALM BEACH FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

EDDY JEAN WILLIAMS
142 E. 23RD ST.
RIVIERA BCH. FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ALEXANDER, VERONICA
521 W. 27TH STREET
WEST PALM BEACH FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

EDWARDS, OCTAVIUS
8502 SUNSET
PALM BEACH GARDENS FL

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Director
Lloyd, Linda
5819 E. Bermuda Circle
West Palm Beach, FL

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Director
Hicks, Jerry
5164 EADIE ROAD
West Palm Beach, FL

Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3000001727522
-02/29/96--01016--008
***70.00

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Veronica Alexander
Veronica Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

Date

407-848-3549

Daytime Phone