FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39680

(6)

THE ORIGINAL TABERNACLE OF PRAYER FOR ALL PEOPLE, INC.

Principal Place	of Business	M	Mailing Address					E TREITIEN DER INNE SEINE STIMT ERST. BER: BIBIT BIBIT ETRIT BERT BIBIT BIBIT BIBIT BIBIT BIBIT					
C/O VERONICA	AL FXANDER	O VERONICA ALEXANDER											
163 W. 20TH STREET			P.O. BOX 10201										
RIVIERA BEACH FL 33404			RIVIERA BEACH FL 33419-0201					3. Date incorporated or Qualified 3a. Date of Last Report					
US		US						08/08	3/1990	agiiii o		02/28/19	96
2. Principal Pla	ace of Business	2a.	Mailing Address				4.	FEI Numbe	10444B) <u></u>	pplied For
21			26					65-0191415 Not Appli					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Certificate	of Status De	sired	X	4	Additional
22			27						· · · · · · · · · · · · · · · · · · ·				equired
City & State			City & State					Election Ca		-	П		May Be
23	Country	28	Zip	1	Country				Contribution	.,			to Fees
Zip	Country	<u>اس</u>	20 34		451		8.	Florida Stat				e tax under t 🔀 No	s. 199.032,
24	25 9. Name and Address of Current	29		[30]	40,		10.	Name and					
	5. Italio alla Adaless di Calibili	· i i vy	Notes Agent		61	Name	,	(1140)12 10110		,	T		
ALFVANI	DED VEDONICA						erom Address (F	ca		inde			
ALEXANDER, VERONICA					82	Street A		P.O. Box Nur Cleans	mber is Not	Acceptab	le)	<i>y</i>	
	521 W. 27TH STREET						2 aC C	zi izuic	· (//.		/	<u>ν</u>	
HIVIERA	BEACH FL 33404				83								
					84	City	st Pa	In Be	och .		Fl	85 Zip	Code S4/5
11. Pursuant t	to the provisions of Sections 617.0502 egistered agent, or both, in the State	2 and 6	17.1508, Florida Statu	les, th	e above	-named	corporation	on submits th	nis statemen	t for the p	urpose (of changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Flori Itions o	da. Such change was if, Section 617.0503, F	autho Iorida	rized by Statutes	/ the corp 3.	poration's i	board of dire	ectors. I nere				s teðisretera
SIGNATURE	110	In	nolli							ن ر	3-3/	-97	•
SIGNATURE	Signature, typed or printed name of registered ap-					ent signature	e required whe				DATE		
12.	OFFICERS AND	DIRE			13.				/CHANGES	TO OFFIC	EHS AN	D DIRECTO	
TITLE	A		DELETÉ	- 1	1.1 TITLE	1	Trus		ا ا			Change	Addition
NAME	BOGIER, LAWRENCE				1.2 NAME	•	Lind		مرق	et ·			
STREET ADDRESS	801 S CLAIBORNE STREET					ADDRESS	1425		Δ+1-C	·	, ,	suml	
CITY-ST-ZIP	GOLDSBORO NC		T priere	_	I.4 CITY-S	T-ZIP	wes	T Yolo	n xoeoc	n_{+}	<u>, O</u>	3 40 □ Change	Addition
TITLE	Р		☐ DELETE		2.1 TITLE	-	1					CHI CHANGE	LLI AUGRION
NAME	WILLIAMS, HAYWOOD				2.2 NAME								
STREET ADDRESS	142 E 23RD ST					ADDRESS							
CITY-ST-ZIP	RIVIERA BEACH FL		PELETE		2. 4 CITY-	ST-ZIP	ļ					Chanca	Addition
TITLE	D		☐ DELETE		3.1 TITLE							Change	Addition
NAME	JAMES, MARCEL				32 NAME					-			
STREET ADDRESS	5819 E. BERMUDA CIRCEL					ADDRESS	İ						
CITY-ST-ZIP	WEST PALM BEACH FL		[] at are	•••••••	3.4. CITY-	ST-ZIP						T Observe	Addition
TITLE	D		DELETE		4.1 TITLE							Change	Addition
NAME	EDDY JEAN WILLIAMS			1	4. 2 NAME				•				
STREET ADDRESS	142 E. 23RD ST.					ADDRESS							
CITY-ST-ZIP	RIVIERA BCH. FL			*******	4.4 CITY-5	ST-ZIP						T 1 AC	J. 3.494-
TITLE	D		☐ DELETE		5.1 TITLE							Change	Addition
NAME	ALEXANDER, VERONICA				5.2 NAME								
STREET ADDRESS	521 W. 27TH STREET				5.3 STREET	ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH FL				5.4 CITY - 5	ST-ZIP	<u> </u>						**************************************
TITLE	D		DELETE		6.1 TITLE							Change	Addition
NAME	EDWARDS, OCTAVIUS				6.2 NAME								
STREET ADDRESS	8502 SUNSET				6.3 STREE	T ADDRESS	7						
1	DALM DEACH CADDENS EL						1						

14. I do 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.

SIGNATURE:

yoned Nallitable QUISENTA Alex

3-31-97

FILED

Apr 04 1997 8:00am

Secretary of State

848.3549