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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39680**

1. Corporation Name

THE ORIGINAL TABERNACLE OF PRAYER FOR ALL PEOPLE , INC.

544604 - 90026 - 22

Principal Place of Business	Mailing Address
C/O SHANNON HAWKINS 163 W. 20TH ST RIVIERA BEACH FL 33404 US	C/O SHANNON HAWKINS P. O. BOX 10201 RIVIERA BEACH FL 33419 US

2. Principal Place of Business
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualifed: 08/08/1990

4. FEI Number: 65-0191415 ☐ Applied For ☐ Not Applicable

5. *Certifcate of Status Desired* ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

HAWKINS, SHANNON
1113 35TH ST
WEST PALM BEACH FL 33407

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	A	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOGIER, LAWRENCE		1.2 NAME		
STREET ADDRESS	801 S CLAIBORNE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDSBORO NC		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, HAYWOOD		2.2 NAME		
STREET ADDRESS	142 E 23RD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	JAMES, MARCEL		3.2 NAME	Phyllis W. Barnes	
STREET ADDRESS	5819 E. BERMUDA CIRCEL		3.3 STREET ADDRESS	4355 Australian Ave	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	West Palm Beach 33407	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EDDY JEAN WILLIAMS		4.2 NAME		
STREET ADDRESS	142 E. 23RD ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH. FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, SHANNON		5.2 NAME		
STREET ADDRESS	1113 35TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, LINDA		6.2 NAME		
STREET ADDRESS	4920 SANDDUNE CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Shannon Hawkins SIGNATURE REQUIRED 4/30/99 (561) 882-6684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #