2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # N39680** 1. Entity Name THE ORIGINAL TABERNACLE OF PRAYER FOR ALL PEOPLE 05-03-2001 90985 044 ****70.00 Principal Place of Business Mailing Address C/O SHANNON HAWKING C/O SHANNON HAWKING 163 W. 20TH ST P. O. BOX 10201 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33419 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0191415 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENS Street Address (P.O. Box Number is Not Acceptable) HAWKINS, SHANNON 1113 35TH ST. WEST PALM BEACH FL 33407 33404 IERA 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 Signa ure, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition NAME BOGIER, LAWRENCE NAME STREET ADDRESS **801 S CLAIBORNE STREET** STREET ADDRESS CITY-ST-ZIP GOLDSBORO NC CITY-ST-ZIP TITLE _ . Delete TITLE ☐ Change ☐ Addition WILLIAMS, HAYWOOD NAME NAME STREET ADDRESS 142 E 23RD ST STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition Williams, EDDY NAME BARNES, PHYLLIS W NAME JEAN STREET ADDRESS 5819 E. BERMUDA CIRCEL STREET ADDRESS CITY-ST-ZIE WEST PALM BEACH FL CITY-ST-ZIP IVIERA BCh. 33404 - FI TITLE ☐ Delete TITLE ☐ Change Addition NAME **EDDY JEAN WILLIAMS** WILLIAMS, KEITH NAME

WEST PALM BEACH FL 33417. CITY-ST-ZIP RIUIERA 33404 BEACH 12. I hereby certify that the information supplied with this filling 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.

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142 E. 23RD ST.

RIVIERA BCH. FL

1113 35TH ST

LLOYD, LINDA

HAWKINS, SHANNON

4920 SANDDUNE CIR

WEST PALM BEACH FL 33417

SIGNATURE: X

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TOMBELA

44 N.E. 1540 AVE. BOUNTON BEACH, FI

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