FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:18

DOCUMENT # 743349 (3)

1. Corporation Name

THE INDEPENDENT LORD'S HOUSE OF PRAYER FOR ALL P EOPLE, INC.

Principal Place of Business	Mailing Address
16 HOLIDAY MANOR HAINES CITY FL 33844 US	16 HOLIDAY MANOR HAINES CITY FL 33844 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

YOUNG, NEAL E. ESQ.
109 NORTH 9TH. ST.
P.O. BOX 1736
HAINES CITY FL 33844

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 607.0502 and 607.1508, 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 607.0505, 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	D	11 TITLE	☐ Change ☐ Addition
NAME	CRADDOCK, MAGDLINE	12 NAME	
STREET ADDRESS	16 HOLIDAY MANOR	13 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WOODS, MAMIE B.	22 NAME	
STREET ADDRESS	16 HOLIDAY MANOR	23 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WOODS, HOZIE	32 NAME	
STREET ADDRESS	16 HOLIDAY MANOR	33 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	MCINTOSH, VINCENT	42 NAME	
STREET ADDRESS	61 HOLIDAY MANOR	43 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BOWENS, JEANETTE	52 NAME	
STREET ADDRESS	2405 PALM DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	THIGPEN, BESSIE	62 NAME	
STREET ADDRESS	NORTH 7 STREET	63 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	64 CITY-ST-ZIP	

REMITTED BY MAY 1

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)(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: Mamie B. Woods SD 4-27-95 813-422-7582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067662