

# 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 # **743349** (3)

1. Corporation Name

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



Principal Place of Business

**16 HOLIDAY MANOR  
HAINES CITY FL 33844  
US**

Mailing Address

**16 HOLIDAY MANOR  
HAINES CITY FL 33844  
US**

3. Date Incorporated or Qualified  
**06/21/1978**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**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 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 **D** ☐ DELETE  
NAME **CRADDOCK, MAGDLINE**  
STREET ADDRESS **16 HOLIDAY MANOR**  
CITY-ST-ZIP **HAINES CITY FL**

TITLE **SD** ☐ DELETE  
NAME **WOODS, MAMIE B.**  
STREET ADDRESS **16 HOLIDAY MANOR**  
CITY-ST-ZIP **HAINES CITY FL**

TITLE **D** ☐ DELETE  
NAME **WOODS, HOZIE**  
STREET ADDRESS **16 HOLIDAY MANOR**  
CITY-ST-ZIP **HAINES CITY FL**

TITLE **PD** ☐ DELETE  
NAME **MCINTOSH, VINCENT**  
STREET ADDRESS **61 HOLIDAY MANOR**  
CITY-ST-ZIP **HAINES CITY FL**

TITLE **D** ☐ DELETE  
NAME **BOWENS, JEANETTE**  
STREET ADDRESS **2405 PALM DRIVE**  
CITY-ST-ZIP **HAINES CITY FL**

TITLE **D** ☐ DELETE  
NAME **THIGPEN, BESSIE**  
STREET ADDRESS **NORTH 7 STREET**  
CITY-ST-ZIP **HAINES CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Mamie B. Woods* **SD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-12-96** **(941) 422-7582**

CR2E037 (12/95)