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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33844-8576
US**

3. Date Incorporated or Qualified
06/21/1978

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mamie B. Woods 4-11-97 941-421-2370
Date Daytime Phone # 0053725

CR2E037 (9/96)