

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # 743349

1. Entity Name

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



Principal Place of Business

Mailing Address

6575 POLK CITY ROAD
HAINES CITY FL 33844
US

P.O. BOX 778
HAINES CITY FL 33845
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

77-0643384

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000563954
CITY-ST-ZIP 05/20/06-80033-011 70.00

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MCINTOSH, GENESA
STREET ADDRESS 61 HOLLIDAY MANOR
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

Vincent G McIntosh, SR 5-406 863-422-4450