

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90218 034 ****70.00

DOCUMENT # 743349

1. Entity Name

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



Principal Place of Business

**6575 POLK CITY ROAD
HAINES CITY FL 33844
US**

Mailing Address

**P.O. BOX 778
HAINES CITY FL 33845
US**

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

77-0643384

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, NEAL E. ESO.
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, 2008**

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

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 **244 JEFFERSON DRIVE**
CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE **SD** ☐ Delete
NAME **MCINTOSH, GENESA**
STREET ADDRESS **244 JEFFERSON DRIVE**
CITY-ST-ZIP **HAINES CITY FL 33844**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Genesa McIntosh

4-30-08

863-422-8450