

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743349

**Entity Name:** THE INDEPENDENT LORD'S HOUSE OF PRAYER FOR ALL PEOPLE, INC.**FILED**  
**Apr 30, 2017**  
**Secretary of State**  
**CC2987822021****Current Principal Place of Business:**6575 POLK CITY ROAD  
HAINES CITY, FL 33844**Current Mailing Address:**6499 POLK CITY ROAD  
HAINES CITY, FL 33844 US**FEI Number: 77-0643384****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WOODS, HOZIE P/D  
6435 POLK CITY ROAD  
HAINES CITY, FL 33844 US*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.***SIGNATURE: HOZIE WOODS****04/30/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	WOODS, MAMIE
Address	6483 POLK CITY ROAD
City-State-Zip:	HAINES CITY FL 33844

Title	OFFICER
Name	BOWENS, KIARA
Address	2405 PALM AVE.
City-State-Zip:	HAINES CITY FL 33844

Title	SECRETARY
Name	BOWENS, JEANETTE
Address	2405 PALM AVE
City-State-Zip:	HAINES CITY FL 33844

Title	PRESIDENT, DIRECTOR
Name	WOODS, HOZIE
Address	6435 POLK CITY ROAD
City-State-Zip:	HAINES CITY FL 33844

Title	OFFICER
Name	SNOW, MOSES
Address	1130 MARTIN ST. P.O. BOX 144
City-State-Zip:	LAKE HAMILTON FL 33851

Title	OFFICER
Name	WADE, JAMES
Address	P.O. BOX 401
City-State-Zip:	LAKE HAMILTON FL 33851

Title	OFFICER
Name	ELLISON, DENNIS
Address	1917 CRANBERRY ISLE WAY
City-State-Zip:	APOPKA FL 32712

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MAMIE WOODS****TREASURER****04/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date