

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743349

**Entity Name:** THE INDEPENDENT LORD'S HOUSE OF PRAYER FOR ALL PEOPLE, INC.**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC9678409644****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:**CRADDOCK, MAGDLINE P/D  
6499 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title P/D  
Name CRADDOCK, MAGDLINE  
Address 6499 POLK CITY ROAD  
City-State-Zip: HAINES CITY FL 33844Title O  
Name WOODS, MAMIE (TREASURER)  
Address 6483 POLK CITY ROAD  
City-State-Zip: HAINES CITY FL 33844Title O  
Name BOWENS, KIARA  
Address 2405 PALM AVE.  
City-State-Zip: HAINES CITY FL 33844Title O  
Name BOWENS, JEANETTE (SECRETARY)  
Address 2405 PALM AVE  
City-State-Zip: HAINES CITY FL 33844Title O  
Name WOODS, HOZIE  
Address 6483 POLK CITY ROAD  
City-State-Zip: HAINES CITY FL 33844Title O  
Name SNOW, MOSES  
Address 1130 MARTIN ST.  
P.O. BOX 144  
City-State-Zip: LAKE HAMILTON FL 33851Title O  
Name WADE, JAMES  
Address P.O. BOX 401  
City-State-Zip: LAKE HAMILTON FL 33851

*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****04/29/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date