

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723697

1. Entity Name

THE LORD IS MY SHEPARD - THE HOUSE OF PRAYER FOR ALL PEOPLE, INC

Principal Place of Business

Mailing Address

PRAYER FOR ALL PEOPLE INC
15101 TYLER STREET
RICHMOND HEIGHTS FL 33176

PRAYER FOR ALL PEOPLE INC
15101 TYLER STREET
RICHMOND HEIGHTS FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1913546

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, VELMA	
STREET ADDRESS	15101 TYLER STREET	
CITY-ST-ZIP	RICHMOND HGTS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROLLE, THELMA	
STREET ADDRESS	930 NW 95 ST APT 312	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JERNIGAN, MINNIE S.	
STREET ADDRESS	15100 POLK ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, LULA MAE	
STREET ADDRESS	2826 MAYO ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JERNIGAN, MINNIE	
STREET ADDRESS	15100 POLK ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, TRACY ANN	
STREET ADDRESS	6733 S.W. 20TH ST	
CITY-ST-ZIP	MIRAMAR FL 33023	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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:

Signature of Minnie S. Jernigan 1-2502 305 234 2215

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90004 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)