2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 30, 2004 08:00 AM **DOCUMENT # 723697 Secretary of State** 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. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-1913546 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, VELMA 15101 TYLER STREET Street Address (P.O. Box Number is Not Acceptable) RICHMOND HIGHTS FL 33176 City 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, lyped or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Change WILLIAMS, VELMA NAME NAM U00000023252 15101 TYLER STREET STREET ADDRESS STREET ADDRESS 02/02/04-80019-003 61.25 RICHMOND HGTS FL CITY - ST- ZIP CHTY-ST-2HP DΥ TITLE Delete TITLE Change Addition ROLLE, THELMA NAME NAME 930 NW 95 ST APT 312 STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP CITY-ST-ZIP SD me ☐ Delete THILE Change Addition JERNIGAN, MINNIE S. NAME NAME 15100 POLK ST STREET ADDRESS STREET ADDRESS MIAM! FL CITY-ST-ZSP CHY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition WILLIAMS, LULA MAE NAME NAME 2826 MAYO ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition JERNIGAN, MINNIE NAME MAME 15100 POLK ST. STREET ADDRESS STREET ADDRESS MIAMI FL C81Y - ST- 73P CITY-ST-ZIP TITLE Delete IIILE Change ☐ Addition SMITH, TRACY ANN NAME NAME 6733 S.W. 20TH ST STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

**FILED**