



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 723697	
1. Entity Name THE LORD IS MY SHEPARD - THE HOUSE OF PRAYER FOR ALL PEOPLE, INC	

Principal Place of Business PRAYER FOR ALL PEOPLE INC 15101 TYLER STREET RICHMOND HEIGHTS, FL 33176	Mailing Address PRAYER FOR ALL PEOPLE INC 15101 TYLER STREET RICHMOND HEIGHTS, FL 33176
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1913546	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, VELMA
15101 TYLER STREET
RICHMOND HIGHTS, FL 33176**

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IN THIS SPACE**

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 reinstating)

DATE _____

Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, VELMA 15101 TYLER STREET RICHMOND HGTS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROLLE, THELMA 930 NW 95 ST APT 312 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JERNIGAN, MINNIE S. 15100 POLK ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, LULA MAE 2826 MAYO ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JERNIGAN, MINNIE 15100 POLK ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SAMUEL D 15101 TYLER ST MIAMI, FL

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01/11/07-80049-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Minnie S. Jernigan* **Minnie S Jernigan** 01-08-07 2382530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #