

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 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**



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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**

U00000786214
01/17/08-80031-019 61.25

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #