2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 723697

MIRAMAR FL 33023

1. Entity Name



Secretary of State 01-08-2003 90046 023 ****61.25

Jan 08, 2003 8:00 am

FILED

ALL PEOPLE, INC	THE HOUSE OF PRAYER FOR
Principal Place of Business	Mailing Address
PRAYER FOR ALL PEOPLE INC 15101 TYLER STREET	PRAYER FOR ALL PEOPLE INC 15101 TYLER STREET

RICHMOND HEIGHTS FL 33176 RICHMOND HEIGHTS FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-1913546 City & State Applied For Not Applicable Zip Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) 15101 TYLER STREET RICHMOND HIGHTS FL 33176 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, VELMA NAME NAME 15101 TYLER STREET STREET ADDRESS STREET ADDRESS RICHMOND HGTS FL CITY-ST-ZIE CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change ROLLE, THELMA NAME NAME 930 NW 95 ST APT 312 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete □ Change Addition JERNIGAN, MINNIE S. NAME **15100 POLK ST** STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WILLIAMS, LULA MAE NAME NAME **2826 MAYO ST** STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change JERNIGAN, MINNIE NAME NAME 15100 POLK ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change SMITH, TRACY ANN NAME NAME STREET ADDRESS 6733 S.W. 20TH ST STREET ADDRESS

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

CITY-ST-ZIP

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