

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90060 001 \*\*\*\*61.25

**DOCUMENT # 742539**

1. Entity Name

**LITTLE ROCK HOUSE OF PRAYER FOR ALL PEOPLE, INC.**

Principal Place of Business

Mailing Address

%LITTLE ROCK HOUSE OF PRAYER  
 1997 YULEE STREET  
 JACKSONVILLE FL 32209

3818 MARLO ST  
 JACKSONVILLE FL 32209

*Little Rock House of Prayer*

2. Principal Place of Business

*1997 Yulee St.*

3. Mailing Address

*3818 marlo st*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Jacksonville, Florida*

City & State

*Jacksonville Florida*

Zip

*32209*

Country

Zip

*32209*

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, EARL E.**  
**3818 MARLO STREET.**  
**JACKSONVILLE FL 32209**

Name

*SAME*

Street Address (P.O. Box Number is Not Acceptable)

*SAME*

City

*SAME*

**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

*Earl E Anderson Sr.*

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

(NOTE: Registered Agent signature required when reinstating)

*January 29, 2001*

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	PD	<input type="checkbox"/> Delete
NAME	JACKSON, BARBARA	
STREET ADDRESS	1995 YULEE ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STOUTAMIRE, VERONICA	
STREET ADDRESS	273 BELFORD ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDERSON, ELOISE	
STREET ADDRESS	3818 MARLO ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, EARL E.	
STREET ADDRESS	3818 MARLO ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TERRELL, OLIVIA	
STREET ADDRESS	2545 GRAND ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDERSON, EARL E JR	
STREET ADDRESS	1041 WALNUT STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON BARBARA	
STREET ADDRESS	5800 UNIVERSITY Blvd #212	
CITY-ST-ZIP	JACKSONVILLE FLA.	
TITLE	STOUTAMIRE VERONICA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3502 FITZGERALD ST.	
STREET ADDRESS	JACKSONVILLE FLA. 32254	
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
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:

*Earl E Anderson Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/29/01*

Date

*(904) 354-0387*

Daytime Phone #

CR2E037 (10/00)