

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742539

1. Entity Name

LITTLE ROCK HOUSE OF PRAYER FOR ALL PEOPLE, INC.

Principal Place of Business

LITTLE ROCK HOUSE OF PRAYER
1997 YULEE STREET
JACKSONVILLE FL 32209

Mailing Address

3818 MARLO ST
JACKSONVILLE FL 32209

2. Principal Place of Business

Little Rock House of
1997 Yulee St.

3. Mailing Address

3818 Marlost.

City & State

Jacksonville Fla

City & State

Jacksonville Fla

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

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

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	NAME	JACKSON, BARBARA	STREET ADDRESS	5800 UNIVERSITY BLVD. #212	CITY-ST-ZIP	JACKSONVILLE FL	<input type="checkbox"/> Delete	Change Address only
TITLE	SD	NAME	STOUTAMIRE, VERONICA	STREET ADDRESS	3502 FITZGERALD STREET	CITY-ST-ZIP	JACKSONVILLE FL 32254	<input type="checkbox"/> Delete	
TITLE	TD	NAME	ANDERSON, ELOISE	STREET ADDRESS	3818 MARLO ST.	CITY-ST-ZIP	JACKSONVILLE FL	<input type="checkbox"/> Delete	
TITLE	D	NAME	ANDERSON, EARL E.	STREET ADDRESS	3818 MARLO ST.	CITY-ST-ZIP	JACKSONVILLE FL	<input type="checkbox"/> Delete	
TITLE	PD	NAME	TERRELL, OLIVIA	STREET ADDRESS	2545 GRAND ST.	CITY-ST-ZIP	JACKSONVILLE FL	<input type="checkbox"/> Delete	
TITLE	S	NAME	ANDERSON, EARL E JR	STREET ADDRESS	1041 WALNUT STREET	CITY-ST-ZIP	JACKSONVILLE FL 32208	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	NAME	Barbara Jackson	STREET ADDRESS	3323 Capitola St.	CITY-ST-ZIP	Jacksonville, Florida 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Jr.

January 22, 2002 (904) 354-0387



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)