2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 742539

Entity Name: LITTLE ROCK HOUSE OF PRAYER FOR ALL PEOPLE, INC.

Current Principal Place of Business:

1997 YULEE ST
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

1997 YULEE ST
JACKSONVILLE, FL 32209 US

New Mailing Address:

FEI Number: 26-4249325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	JACKSON, BARBARA	
Address:	2040 COLLEGE CIRCLE SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	GS	( ) Delete
Name:	ANDERSON, DELORIS	
Address:	1041 WALNUT ST	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	T	( ) Delete
Name:	ANDERSON, ELOUISE	
Address:	3818 MARLO ST.	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	O	( ) Delete
Name:	ANDERSON, EARL E	
Address:	3818 MARLO ST.	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	P	( ) Delete
Name:	ANDERSON, EARL E JR	
Address:	3818 MARLO ST.	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	YM	( ) Delete
Name:	THOMAS, LINDA	
Address:	1124 WOODRUFF AVE #6	
City-St-Zip:	JACKSONVILLE, FL 32208	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA JACKSON S 01/07/2009
Electronic Signature of Signing Officer or Director — Date