

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

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90064 017 \*\*\*\*61.25

**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 Prayer*  
Suite, Apt. #, etc.

3. Mailing Address

*1997 Yulee St.*  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

*Jacksonville Florida*

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

☐ Not Applicable

Zip

*32209*

Country

Zip

Country

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 *Earl E Anderson*

Street Address (P.O. Box Number is Not Acceptable)  
*3818 MARLO ST.*

City *Jacksonville*

FL

Zip Code *32209*

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

*March 26, 2003*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **JACKSON, BARBARA**  
STREET ADDRESS **3323 CAPITOLA ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **SD** ☐ Delete  
NAME **STOUTAMIRE, VERONICA**  
STREET ADDRESS **3502 FITZGERALD STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **TD** ☐ Delete  
NAME **ANDERSON, ELOISE**  
STREET ADDRESS **3818 MARLO ST.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete  
NAME **ANDERSON, EARL E.**  
STREET ADDRESS **3818 MARLO ST.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ Delete  
NAME **TERRELL, OLIVIA**  
STREET ADDRESS **2545 GRAND ST.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ 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 ☐ Change ☐ Addition  
NAME *SAME*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME *SAME*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME *SAME*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME *SAME*  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME *SAME*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME *SAME*  
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* **SIGNATURE REQUIRED**

*March 26, 03 (90) 354-0387*

CR2E037 (10/02)