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Jul 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745821** **(9)**

1. Corporation Name

SANFORD TABERNACLE OF PRAYER FOR ALL PEOPLE, INC ORPORATED

Principal Place of Business	Mailing Address
950 W. 13TH STREET SANFORD FL 32771	950 W. 13TH STREET SANFORD FL 32771

3. Date Incorporated or Qualified: 02/05/1979

4. FEI Number: 59-2144961 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRYANT, CARRIE BUIE
104 ELLEN PLACE
SANFORD FL 32772

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	Attorney	☒ Change ☐ Addition
NAME	DANIEL, JOAN M.		1.2 NAME	Carsandra D. Buie	
STREET ADDRESS	6708 CORDAY COURT		1.3 STREET ADDRESS	~~P.O. Box 1022~~ 104 Ellen Place	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Sanford, FL 32771	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, CARRIE BUIE		2.2 NAME		
STREET ADDRESS	104 ELLEN PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NATHAN, RONALD		3.2 NAME		
STREET ADDRESS	2612 HARTWELL AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DIXON, LORENZO		4.2 NAME		
STREET ADDRESS	144 CARVER AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GELZER, PHYLLIS		5.2 NAME		
STREET ADDRESS	1342 W. 31ST STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, TOMMIE		6.2 NAME	600002589036	
STREET ADDRESS	129 SCOTT DR.		6.3 STREET ADDRESS	-07/15/98--01002--002	
CITY-ST-ZIP	SANFORD FL		6.4 CITY-ST-ZIP	***61.25	

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 7/14/98 407-322-[illegible]