FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 30, 1999 8:00 am
Secretary of State
06-30-1999 90006 032 ****75.00

DOCUMENT # 761097

1. Corporation Name CHURCH FOR ALL PEOPLES

Principal Place of Business	Mailing Address
835 N. Utica Tulsa OK 74110	SAME OR P.O. BOX 50833 TULSA OK. 74150

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 835 N. Utica	26 Same	FEBRUARY 4 1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 76/097 ☐ Applied For ☐ Not Applicable
City & State 23 Tulsa OK	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 74110 Country 25 USA	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DR. ERNEST CARY 2513 S.W. 112th Ct. MIAMI FLORIDA 33165	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 DR. ERNEST CARY PRESIDENT 6/21/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DR. ERNESTO CARY, P.H.D		1.2 NAME		
STREET ADDRESS	835 N. UTICA		1.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK 74110		1.4 CITY-ST-ZIP		
TITLE	V. P.	☐ DELETE	2.1 TITLE	V. P.	☑ Change ☐ Addition
NAME	LINDA PERRYHOUSE		2.2 NAME	LINDA CARY	
STREET ADDRESS	215 S. Birmingham		2.3 STREET ADDRESS	2628 E 19th Ct	
CITY-ST-ZIP	TULSA OK 74104		2.4 CITY-ST-ZIP	TULSA OK 74104	
TITLE	T.S.D.	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICK RIGNEY		3.2 NAME		
STREET ADDRESS	2640 E 8th ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK 74104		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: DR. ERNESTO CARY 6/21/99 918-5990880 918-747 7271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #