2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N01000007814

Entity Name: CHRISTIAN FELLOWSHIP WORSHIP CENTER FOR ALL PEOPLE, INC.

Current Principal Place of Business:

13700 NW 19TH AVENUE
OPA-LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

18130 NW 56TH AVE
MIAMI, FL 33055

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, JOY L
18130 NW 56TH AVENUE
MIAMI, FL 33055 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: DP ( ) Delete
Name: JACKSON, JOY L
Address: 18130 NW 56TH AVE
City-St-Zip: MIAMI, FL 33055

Title: DV ( ) Delete
Name: GRIFFIN, MAMMIE
Address: 15401 NW 29TH CT
City-St-Zip: MIAMI, FL 33055

Title: DT ( ) Delete
Name: SMITH, TREISA
Address: 8225 NW 191 ST
City-St-Zip: MIAMI, FL 33055

Title: DS ( ) Delete
Name: WILLIAMS, BELINDA
Address: 3128 NW 45TH ST
City-St-Zip: MIAMI, FL 33142

Title: DT ( ) Delete
Name: SMITH, WILLIE
Address: 20621 NE 1 CT
City-St-Zip: MIAMI, FL 33142

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:

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: JOY L. JACKSON DP 04/27/2009

Electronic Signature of Signing Officer or Director Date