

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002058

FILED
Mar 18, 2009
Secretary of State

Entity Name: A HOUSE OF PRAYER FOR ALL PEOPLE INC.

Current Principal Place of Business:

4700 NORTH SR 7
STE 119
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 190643
FT LAUDERDALE, FL 33319 US

New Mailing Address:

FEI Number: 43-2004534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGE, ROSE L
5961 NW 61 AVE, STE 210
TAMARAC, FL 33319 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: PD () Delete
Name: HODGE, ROSE L
Address: 5961 NW 61 AVE #210
City-St-Zip: TAMARAC, FL 33319

Title: VPD () Delete
Name: HOWELL, ANGELA
Address: 1843 NW 58TH AVE
City-St-Zip: LAUDERHILL, FL 33313

Title: S () Delete
Name: BAPTISTE, MARITZA
Address: 9050 SW 1 ST
City-St-Zip: BOCA RATON, FL 33428

Title: T () Delete
Name: HOWELL, SHARON
Address: 5990 NW 14TH PL
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: STEWART, TAMECKA
Address: 1720 NW 52ND AVE
City-St-Zip: LAUDERHILL, FL 33311

Title: D (X) Delete
Name: PIERRE, LINDA
Address: 3911 NW 31 AVE #2
City-St-Zip: LAUDERDALE LAKES, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: JEAN-BAPTISTE, MARITZA
Address: 9054 SW 1ST STREET
City-St-Zip: BOCA RATON, FL 33428

Title: S (X) Change () Addition
Name: HOWELL, ANGELA
Address: 4700 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: T (X) Change () Addition
Name: PIERRE, LINDA
Address: 4700 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: ROSE L HODGE

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date