## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N03000002058

RT FILED Mar 27, 2009 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
4700 NOR STE 119					
LAUDERD	ALE LAKES, F	FL 33319 US			
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX <sup>·</sup> FT LAUDE	190643 :RDALE, FL 3	3319 US			
FEI Number:	43-2004534	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
TAMARAC	31 AVE, STE 2 5, FL 33319	US			
	named entity of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	nic Signature of Registered Ag	jent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( HODGE, ROSE 5961 NW 61 A' TAMARAC, FL	VE #210	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD ( JEAN-BAPTIST 9054 SW 1ST BOCA RATON,	STREET	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition JEAN-BAPTISTE, MARITZA 9054 SW 1ST STREET BOCA RATON, FL 33428	
Title: Name: Address: City-St-Zip:	HOWELL, ANG 4700 NORTH	) Delete SELA STATE ROAD 7 LAKES, FL 33319	Title: Name: Address: City-St-Zip:	VPD (X) Change ( ) Addition HOWELL, ANGELA 4700 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319	
Title: Name: Address: City-St-Zip:	PIERRE, LINDA 4700 NORTH S		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition PIERRE, LINDA 4700 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319	
Title: Name: Address: City-St-Zip:	D ( STEWART, TAI 1720 NW 52NI LAUDERHILL,	D AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition HOWELL, SHARON 5990 NW 14TH PL SUNRISE, FL 33313	

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 P 03/27/2009