## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## **DOCUMENT # N04512**

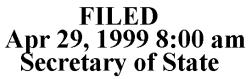
1. Corporation Name

TABERNACLE OF PRAYER FOR ALL NATIONS, INC.

Principal Place of Business
18366 N.W. 47TH AVE.
CAROL CITY FL 33055
US

Mailing Address

P O BOX 55-2152 CAROL CITY FL 33055



04-29-1999 90011 046 \*\*\*\*61.25

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2. Principal P	ace of Business 2a. Mailing Address				3. Date Incorporated or C	lualifed			
·1	26				07/27/1984				
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 /45 NW 167 SIEF 27					4. FEI Number 59-2436072		<del> </del>	/vpplicable	
City & State  City & State  City & State  City & State					5. Certifca.e of Status De	sired 🗌	<b>\$8.75</b> A	1	
Zip County Zip					6. Election Campaign Fin	ancing	\$5.00	vlav Be	
$\frac{33}{69}$ $\frac{33}{69}$ $\frac{30}{25}$ $\frac{30}{69}$							Added to	,	
9. Name and Address of Current Registered Agent					10. Name and Address of	f New Registered	Agent		
				Name					
LANDRUM, GREGORY				82 Street Address (P.O. Box Number is Not Acceptable)					
13110 N.E. 12TH AVE.				ou out the same of					
N. MIAMI FL 33161									
11. III. WILL 1 & 00101				84 City 85 Zip Code					
			1 -	1		FI	_   ' ' '		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation subprits 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—hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors - thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE	GREGORY LAND	MMF /	VU	-KAUS-	Atticed L	$\omega$	4/ <i>2</i> 6/	72	
	Signature, typed or printed nen e of registered agent a		gistered Ager	nt sylinature recent to	d when reinstating)	DATE	TO DIRECTOR	22 IN 42	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS A	Change	Addition	
TITLE	PD	☐ DELETE	1,1 TITLE				□ change		
NAME			1.2 NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			Change	Addition	
TITLE	_		2.1 TITLE				C1 ontarigo		
NAME	LANDRUM, REGINA		2.2 NAME						
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY-5 3.1 TITLE		REASURER		Change	Addition	
TITLE	TUOMAS MILTON	□ Marrie	3.1 NAME		-coi coo	. /	Y-19-1-1-19-	,	
NAME	ATE ALM 400 TED			TADDOESS	SKKI MCCKH	$Y_{1}$	#19-A		
STREET ADDRESS				2 NAME 2 TERRI MCCRAY 3 STREET ADDRESS 1360 ShARAZ dA Blud 4.CITY-ST-ZIP MIEMI, FR. 33/69			1.11.		
CITY-ST-ZIP	S	☐ DELETE	4.1 TITLE	51-ZIP	MIFM 14C	33161	Change	Addition	
NAME	WRIGHT, SHERLINE		4.2 NAME					_	
STREET ADDRESS	10 14 100 OT			TADDRESS					
	CAROL CITY FL		4.4 CITY-S						
CITY-ST-ZIP TITLE	OANOE OH I IE	☐ DELETÉ	5.1 TITLE	1-211			Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS				{	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				j	
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME			6.2 NAME					1	
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-7IP			6.4 CITY-S						
14.   hereby	certify that the informat on supplied with	this filing does not qualify for the	e exempt	ion stated in S	Section 119.07 3)(i), Florida S	tatutes. I further c	ertify that the in	formation	

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 a lother like empowered.

SIGNATURE: