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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N04512

1. Corporation Name
TABERNAACLE 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
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/27/1984
21	26	4. FEI Number 59-2436072
22 Suite, Apt. #, etc. 1457 NW 167 STREET	27 Suite, Apt. #, etc.	Applied For Not Applicable
23 City & State North Miami Beach, FL	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33169	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 County DADE	30 Country	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANDRUM, GREGORY 13110 N.E. 12TH AVE. N. MIAMI FL 33161	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: *Gregory Landrum P* (Signature, typed or printed name of registered agent and title if applicable.)
Gregory Landrum (NOTE: Registered Agent signature required when reinstating) DATE: 4/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LANDRUM, REV. GREGORY 13110 N.E. 12TH AVE. N. MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD LANDRUM, REGINA 13110 N.E. 12TH AVE. N. MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD THOMAS, MILTON 275 N.W. 193 TER. MIAMI FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S WRIGHT, SHERLINE 4041 NW 199 ST CAROL CITY FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

TREASURER
 TERRI MCCRAY
 1360 SHARAZDA Blvd. #19-A
 MIAMI, FL 33169

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a l other like empowered.

SIGNATURE: *Gregory Landrum*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/26/99 Daytime Phone #: 305-892-6432

CR2E037 (11/98)