

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39680

FILED
Apr 28, 2004
Secretary of State**Entity Name:** THE ORIGINAL TABERNACLE OF PRAYER FOR ALL PEOPLE, INC.**Current Principal Place of Business:**163 W. 20TH ST.
RIVIERA BEACH, FL 33404 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 10201
RIVIERA BEACH, FL 33419 US**New Mailing Address:****FEI Number:** 65-0191415 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OWENS, ROSA L
330 W 20TH ST
RIVIERA BEACH, FL 33404 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:** D () Delete
Name: BURRS, LEONARD
Address: 1689 W. 25TH CT.
City-St-Zip: RIVIERA BEACH, FL 33404**Title:** P () Delete
Name: WILLIAMS, HAYWOOD,
Address: 4141 D WOODS EDGE CIR.
City-St-Zip: PALM BEACH GARDENS, FL 33410**Title:** D () Delete
Name: WILLIAMS, EDDY JEAN
Address: 4141 WOODS EDGE CIR.
City-St-Zip: PALM BEACH GARDENS, FL 33410**Title:** D () Delete
Name: OWENS, ROSA L
Address: 330 W. 20TH STREET
City-St-Zip: RIVIERA BCH., FL**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P (X) Change () Addition
Name: WILLIAMS, HAYWOOD N
Address: 500 UNO LAGO DRIVE
City-St-Zip: JUNO BEACH, FL 33408**Title:** D (X) Change () Addition
Name: WILLIAMS, EDDY JEAN
Address: 500 UNO LAGO DRIVE
City-St-Zip: JUNO BEACH, FL 33408**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: MOSES, JEROME R
Address: 521 WEST 25TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404**Title:** D () Change (X) Addition
Name: DECCICO, TRINEA N
Address: 4751 N. AUSTRALIAN AVE APT. 204
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROSA L. OWENS

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date