

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90300 042 *****70.00

DOCUMENT # N39680

1. Entity Name
**THE ORIGINAL TABERNACLE OF PRAYER FOR ALL PEOPLE
, INC.**



Principal Place of Business
**163 W. 20TH STREET
RIVIERA BEACH FL 33404
US**

Mailing Address
**P.O. BOX 10201
RIVIERA BEACH FL 33419
US**

2. Principal Place of Business
163 - W. 20th Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 10201
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
RIVIERA Beach, FL
Zip
33404
Country
USA

City & State
RIVIERA Beach, FL
Zip
33419
Country
USA

4. FEI Number **65-0191415**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OWENS, ROSA L
330 W 20TH ST
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rosa L. Owens**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

25 April 2003
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	A BOGIER, LAWRENCE 801 S CLAIBORNE STREET GOLDSBORO NC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, HAYWOOD 442 E 23RD ST 4141 D Woods Edge Circle RIVIERA BEACH FL 33419 Palm Bch Gardens, FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, EDDY JEAN 442 E 23RD ST 4141 D Woods Edge Circle RIVIERA BEACH FL 33404 Palm Bch, Gardens, FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, ROSA L 330 W. 20TH STREET RIVIERA BCH. FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, KEITH 144 NE 15TH AVE BOYNTON BEACH FL 33435 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TONGELA 144 NE 15TH AVE BOYNTON BEACH FL 33435 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burrs, Leonard 1689 W. 25th Court RIVIERA Beach, FL 33404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rosa L. Owens**
Signature and typed or printed name of signing officer or director

25 Apr 2003 561) 848-3549

CR2E037 (10/02)