

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 20 1998 8:00am
Secretary of State

DOCUMENT # N96000003348 (7)

1. Corporation Name

AN HOUSE OF PRAYER FOR ALL PEOPLE, INC



Principal Place of Business

Mailing Address

11985 SW 217TH ST.
MIAMI FL 33170

P.O. BOX 70-0291
GOULDS FL 33170-0291

3. Date Incorporated or Qualified

06/24/1996

4. FEI Number

65-0677740

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 11373 SW 211 St.

26 P.O. Box 70-0291

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #20

27 ATTN: Pastor L. Bender

City & State

City & State

23 Miami, FL

28 GOULDS, FL

Zip

Zip

24 33189

29 33170-0291

Country

Country

25 U.S.

30 U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners Association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, KNOVACK G
290 NW 165TH ST., STE. P-250
MIAMI FL 33169

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BENDER, CLARA
STREET ADDRESS 20532 NW 44TH CT.
CITY-ST-ZIP MIAMI FL 33055

TITLE DV ☐ DELETE

NAME OFFICE, JUANITA
STREET ADDRESS 911 NW 3RD ST.
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE DV ☐ DELETE

NAME EDWARDS, VERA
STREET ADDRESS 9620 MONTEGO BAY DR.
CITY-ST-ZIP CUTLER RIDGE FL 33189

TITLE DS ☐ DELETE

NAME GREEN, KATHY
STREET ADDRESS 11342 SW 190 LN.
CITY-ST-ZIP MIAMI FL 33157

TITLE DT ☐ DELETE

NAME CANTY, VERNETTA
STREET ADDRESS 28802 SW 150TH AVE.
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE *Clara Bender* **CLARA BENDER**

1-4-98

305-795-2229

CR2E037 (10/97)