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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000003348

1. Corporation Name

AN HOUSE OF PRAYER FOR ALL PEOPLE, INC

Principal Place of Business

11373 SW 211 ST
#20
MIAMI FL 33189
US

Mailing Address

P O BOX 70-0291
ATTN PASTOR C BENDER
GOULDS FL 33170-0291
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/24/1996

4. FEI Number

65-0677740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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~~ 18590 NW 67 Ave.
Suite 201

~~MIAMI FL 33169~~

Miami Lakes, FL 33015

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE DV ☐ DELETE
NAME FANK, JUANITA
STREET ADDRESS 15445 SW 296 ST
CITY-ST-ZIP LEISURE CITY FL 33033

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Carol City, FL 33055

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)(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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)