

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003348

1. Entity Name

AN HOUSE OF PRAYER FOR ALL PEOPLE, INC

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90192 026 ****61.25

Principal Place of Business

P.O. BOX 173405
HIALEAH FL 33017
US

Mailing Address

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

701975



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11323 SW 211 St

Suite, Apt. #, etc.

#20

City & State

Miami, FL

Zip

33189

Country

U.S.

3. Mailing Address

PO BOX 173405

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33017

Country

U.S.

4. FEI Number

65-0677740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, KNOVACK G
18590 N.W. 67TH AVENUE, SUITE 201
MIAMI FL 33015

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE DPC ☐ Delete
NAME BENDER, CLARA
STREET ADDRESS 20532 NW 44TH CT.
CITY-ST-ZIP CAROL CITY FL 33055

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

TITLE DT ☐ Delete
NAME CANTY, VERNETTA
STREET ADDRESS 28802 S.W. 150TH AVENUE
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Clara Bender*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00

3057952209

Date

Daytime Phone #

CR2E037 (9/99)