

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90056 045 ****61.25

D0026306

DOCUMENT # **196000003348**

1. Entity Name

An House of Prayer for All People, Inc.

Principal Place of Business

11373 SW 211 ST #20
Miami, FL 33189

Mailing Address

PO Box 173405
Hialeah, FL 33017

2. Principal Place of Business

11373 SW 211 ST #20
#20

3. Mailing Address

PO Box 173405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Hialeah, FL

Zip

33189

Country

U.S.

Zip

33017

Country

U.S.

4. FEI Number

650677740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KNORRACK G. JONES
18590 NW 67 AVE #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	President	<input type="checkbox"/> Delete
NAME	CLARA Bender - DPC	
STREET ADDRESS	20532 NW 44 CT	
CITY-ST-ZIP	CAROL CITY, FL 33055	
TITLE	Vice President/Treasurer	<input type="checkbox"/> Delete
NAME	VERNETTA CANTY - DVT	
STREET ADDRESS	28802 SW 150 AVE	
CITY-ST-ZIP	HOMEWOOD, FL 33033	
TITLE	CORPORATE SECRETARY	<input type="checkbox"/> Delete
NAME	JUANITA PARK - DS	
STREET ADDRESS	15445 SW 296 ST	
CITY-ST-ZIP	LEISURE CITY, FL 33033	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CLARA Bender - CLARA Bender **3-1-01** **3057952209**

CR2E037 (11/00)