

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003348

FILED
Jan 02, 2008
Secretary of State

Entity Name: AN HOUSE OF PRAYER FOR ALL PEOPLE, INC

Current Principal Place of Business:

11373 SW 211 ST
#20
MIAMI, FL 33189 US

New Principal Place of Business:

14501 HOTEL ROAD
MIRAMAR, FL 33027 US

Current Mailing Address:

P O BOX 173405
HIALEAH, FL 33017 US

New Mailing Address:

FEI Number: 65-0677740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENDER, CLARA A PRES
20532 NW 44 COURT
MIAMI GARDENS, FL 33055 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BENDER, CLARA
Address: 20532 NW 44TH CT.
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VPD () Delete
Name: FANK, JUANITA
Address: 15445 SW 296 ST
City-St-Zip: LEISURE CITY, FL 33033

Title: TD () Delete
Name: JACKSON, KATHY
Address: 13142 SW 244 ST.
City-St-Zip: MIAMI, FL 33032

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BENDER, O.L.
Address: 20532 NW 44 COURT
City-St-Zip: MIAMI GARDENS, FL 33055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: BENDER, ALONDRA
Address: 20532 NW 44 COURT
City-St-Zip: MIAMI GARDENS, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA BENDER

PCD

01/02/2008

Electronic Signature of Signing Officer or Director

Date