

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90099 045 \*\*\*\*70.00

**DOCUMENT # N96000003348**

1. Entity 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 173405  
HIALEAH FL 33017  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

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

☒ Change ☐ Addition

TITLE **SD**  
NAME **FANK, JUANITA**  
STREET ADDRESS **15445 SW 296 ST**  
CITY-ST-ZIP **LEISURE CITY FL 33033**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD**  
NAME **JACKSON, KATHY**  
STREET ADDRESS **13142 SW 224TH STREET**  
CITY-ST-ZIP **MIAMI FL 33032**

☐ Delete

TITLE  
NAME  
STREET ADDRESS **13142 SW 244 ST.**  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

**1-29-03 305 7952209**

CR2E037 (10/02)