

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N99000000489

1. Entity Name

**THE LORD'S HOUSE OF PRAYER FOR ALL PEOPLE
CHRISTIAN CENTER, INC.**



Principal Place of Business

Mailing Address

**2816 MYRTLE AV.
ATTN: ROSA L. WHITE, PASTOR
JACKSONVILLE FL 32209**

**2816 MYRTLE AV.
ATTN: ROSA L. WHITE, PASTOR
JACKSONVILLE FL 32209**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

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

**WHITE, ROSA L PASTOR
2816 MYRTLE AVE NORTH
JACKSONVILLE FL 32209**

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
Due By May 1, 2007**

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
**ASD
WYCHE, SYLVIA
2522 N MAIN ST
JACKSONVILLE FL 32206** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**U000000708913
04/24/07-80133-016 61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**STD
PERKINS, CORANITA M
2816 MYRTLE AVE
JACKSONVILLE FL 32209** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
WHITE, ROSA PASTOR
2816 MYRTLE AVENUE
JACKSONVILLE FL 32209** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
OGLESBY, SARA
6844 CAMELOT RD
JACKSONVILLE FL 32211** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Rosa Lee White

4/12/07