

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007814

**Entity Name:** CHRISTIAN FELLOWSHIP WORSHIP CENTER FOR ALL PEOPLE, INC.

**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**6581225879CC**

**Current Principal Place of Business:**

13700 NW 19TH AVENUE  
OPA-LOCKA, FL 33054

**Current Mailing Address:**

18130 NW 56TH AVE  
MIAMI, FL 33055

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JACKSON, JOY L  
18130 NW 56TH AVENUE  
MIAMI, FL 33055 US

*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

**Officer/Director Detail :**

Title DP  
Name JACKSON, JOY L  
Address 18130 NW 56TH AVE  
City-State-Zip: MIAMI FL 33055

Title DV  
Name WILLIAMS, BELINDA  
Address 3128 NW 45TH STREET  
City-State-Zip: MIAMI FL 33142

Title DT, SECRETARY  
Name SMITH, KARLA  
Address 20621 NE 1ST COURT  
City-State-Zip: MIAMI FL 33179

Title DT  
Name SMITH, WILLIE  
Address 20621 NE 1ST CT  
City-State-Zip: MIAMI FL 33179

Title TRUSTEE  
Name MAXWELL, SANDRA  
Address 20268 NW 38TH PLACE  
City-State-Zip: MIAMI GARDENS FL 33055

*I hereby 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 all other like empowered.*

**SIGNATURE: KARLA SMITH**

**DT, SECRETARY**

**04/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date