

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007816

Entity Name: HOUSE OF PRAYERS FOR ALL PEOPLE, INC.**Current Principal Place of Business:**5251 PALAFOX DRIVE
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5251 PALAFOX DRIVE
NEW PORT RICHEY, FL 34652**FEI Number:** 27-3317023**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CRAWFORD, RICHARD L
5251 PALAFOX DRIVE
NEW PORT RICHEY, FL 34652 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	MR.
Name	RICHARD L. CRAWFORD
Address	5251 PALAFOX DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	MISS
Name	ANITRA MERRICKS
Address	4914 VISION AVENUE
City-State-Zip:	HOLIDAY FL 34690

Title	MRS.
Name	BELL, PAMELA
Address	518 E, MORGAN
City-State-Zip:	TARPON SPRINGS FL 34689

Title	MS.
Name	GEORGIA ALBERTY
Address	3806 HOLIDAY LAKE DRIVE
City-State-Zip:	HOLIDAY FL 34691

Title	MISS
Name	KENISHA MERRICKS
Address	1492 BAY VIEW STREET
City-State-Zip:	TARPON SPRINGS FL 34689

Title	MS
Name	SABRINA, FLOYD
Address	1470 STARLIGHT COVE
City-State-Zip:	TARPON SPRINGS FL 34689

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: RICHARD L. CRAWFORD

PASTOR

03/12/2021

Electronic Signature of Signing Officer/Director Detail_____
Date