

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006426

**FILED**  
**Oct 09, 2007**  
**Secretary of State**

**Entity Name:** SOLID ROCK TEMPLE OF FAITH MINISTRIES INT'L. INC.

**Current Principal Place of Business:**

6836 SILVERSTAR ROAD  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

6836 SILVERSTAR ROAD  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 59-3752244      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

N'GUESSAN, KOFFI  
6836 SILVERSTAR ROAD  
ORLANDO, FL 32818 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: KOFFI N'GUESSAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: N'GUESSAN, KOFFI  
Address: 4899 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: BAUPLAN, ULRICK  
Address: 4899 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: KOFFI, BROU S  
Address: 4899 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: KOFFI N'GUESSAN

P

10/09/2007

Electronic Signature of Signing Officer or Director

Date