


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 16 AM 9:54

DOCUMENT # N06534 1. Entity Name HOUSE OF PRAYER AND RESCUE MISSION, INC.	
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Principal Place of Business 501 N. 6 ST. PALATKA, FL 32177	Mailing Address 2600 CAMPBELL ST. APT A19 PALATKA, FL 32177
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REINSTATEMENT 04-05



2. Principal Place of Business <i>501 North 6th St.</i>	3. Mailing Address <i>2501 Prosper St.</i>
Suite, Apt. #, etc. _____	Suite, Apt. #, etc. <i>apt 23-B</i>

08032005 REIN-NP CR2E099 (6/04)

City & State <i>PALATKA FL</i>	City & State <i>PALATKA, FL</i>	4. FEI Number 59-2870036	Applied For Not Applicable
Zip <i>32177</i>	Country <i>USA</i>	Zip <i>32177</i>	Country <i>USA</i>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEAL, ROSA M 220 SOUTH 14TH ST. PALATKA, FL 32177	7. Name and Address of New Registered Agent Name <i>ROSA MAE BEAL</i> Street Address (P.O. Box Number is Not Acceptable) <i>2501 Prosper St, Apt. 23-B</i> City <i>PALATKA</i> FL Zip Code <i>32177</i>
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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 <i>Rosa Mae Beal</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>8/12/05</i>
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FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAL, ROSA M 220 SOUTH 14TH ST. PALATKA, FL 32177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;"> 800058603928 08/16/05--01003--002 **\$122.40 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEAL, STEPHINE 3701 ST. JOHN AVE PALATKA, FL 32177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;"> 800058603928 08/16/05--01003--003 **\$8.95 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONALDSON, MARY 807 N. 16TH ST. PALATKA, FL 32179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAL, CLOVER 220 SOUTH 14TH ST PALATKA, FL 32177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Rosa Mae Beal</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>8/12/05</i> <small>Daytime Phone #</small>
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