2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVE AND FILED

Principal Plac- THE CHURCH PO BOX 143 THONOTOSA	e of Business OF APOSTLES SSA, FL 33592 US lace of Business #, etc.	Mailing Address 4606 20TH STREEL TAMPA, FL 33610 3. Mailing Address Suite, Apt. #, etc. City & State	2913 E. Tampa, F	08022006 REIN-NP CR2E099 (11/05) 4. FEI Number NOT APPLICABLE Not Applicable
- F			000.007	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name			Name	7. Name and Address of New Registered Agent
MITCHELL, IDELLA COLEMAN TAMPA, FL 33610 Tampa, FL 33610				ddress (P.O. Box Number is Not Acceptable) 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				
SIGNATURE x Journal of printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State
10.	OFFICERS AND DIRECT (Trustee)		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME STREET ADDRESS CITY-ST-ZIP	BOWERS, SHERRY L. 3019 49TH ST TAMPA, FL	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	TD (Trustee) Change Addition Timothy V. Gadsden 3140 Pine Top Dr.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD (Trustee) BROWN, KATIE B 6807 48TH ST TAMPA, FL TO (Trustee) Secre CARTER, NAOMIC	□ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME	Valrico FL 33594 TD (Trustee) Hattie McClain 6455 Canopy Dr. Tampa FL 33610
STREET ADDRESS CITY-ST-ZIP	8542 GOLDRIDGE CIRCLE TAMPA, FL		STREET ADDRESS CITY+ST+ZIP	500079270105 08/30/0601031025 **297.50
TITLE NAME STREET ADDRESS CITY-SI-ZIP	Bishop MITCHELL, IDELLA COLEMAN 4606 29TH STREET TAMPA, FL	Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition SOOOT9270105 08/30/0601031026 **8.75
NAME STREET ADDRESS CHY-ST-ZIP	TD GADSDEN, SARAH L 2913 EAST CAYUGA AVENUE TAMPA, FL	2 5 Dele:e	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD (Trustee) Chairs JOHNSON, WHLLE F. 8516 CHINA BERRY DR TAMPA, FL	nan 🗆 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition "Toustee acting similarly to a director per the Articles

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 express. With all prior like empowered.

SIGNATURE: X Willie F. Johnson TD (Trustee) Chairman August 23, 2006

(813) 238-4246 8/2-8