

**2006 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**

1092

**FILED**

06 DEC 11 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/25/06 01045 010 \$70.00



<b>DOCUMENT # 750819</b>			
1. Entity Name INTERNATIONAL PENTECOSTAL CITY MISSION PRAYER CENTER OF FLORIDA, INC.			
Principal Place of Business 3033 NW 7 AVENUE MIAMI, FL 33127		Mailing Address 913 NW 29 TERR MIAMI, FL 33127 US	
2. Principal Place of Business <b>3033 NW 7 AV</b>		3. Mailing Address <b>3027 NW 7 AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33127</b>		Country <b>USA</b>	
4. FEI Number 65-0859893		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SMELLIE, REVEREND ALFRED 913 NORTHWEST 29TH TERRACE MIAMI, FL 33127</b>		7. Name and Address of New Registered Agent Name <b>CHARMAINE SMELLIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>52 NE 47ST.</b> City <b>MIAMI FL</b> Zip Code <b>33137</b>	
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 <b>11/15/06</b> Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2007, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>RD</b> NAME <b>SMELLIE, REV. ALFRED HUGH</b> STREET ADDRESS <b>913 N.W. 29TH TERRACE</b> CITY - ST - ZIP <b>MIAMI, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>RD</b> NAME <b>ERNEST NELSON</b> STREET ADDRESS <b>3027 NW 7 AVE</b> CITY - ST - ZIP <b>MIAMI FL. 33127</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SD</b> NAME <b>JACKSON, EVELYN</b> STREET ADDRESS <b>3033 NW 7 AVENUE</b> CITY - ST - ZIP <b>MIAMI, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>SD</b> NAME <b>DELSIE FOSTER</b> STREET ADDRESS <b>6244 NW MIAMI PL</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>PD</b> NAME <b>BROOKS, MAVIS</b> STREET ADDRESS <b>19368 NW 29 PLACE</b> CITY - ST - ZIP <b>MIAMI, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>RD</b> NAME <b>VITA FULLER</b> STREET ADDRESS <b>20150 NW 15 AVE HIA FL. 33169</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE <b>RD</b> NAME <b>SHENNOB SMELLIE</b> STREET ADDRESS <b>4598 ASHLEY DRIVE</b> CITY - ST - ZIP <b>MIAMI FL 33025</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE <b>RD</b> NAME <b>KANARD MOODY</b> STREET ADDRESS <b>3027 NW 7 AVE</b> CITY - ST - ZIP <b>MIAMI</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE <b>RD</b> NAME <b>EDUARDO VILMAN</b> STREET ADDRESS <b>3027 NW 7 AVE</b> CITY - ST - ZIP <b>MIAMI FL. 33127</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 address, with all other like empowered.			
SIGNATURE:		Date <b>11/15-106</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS.

P/D

MAVIS BROOKS  
19368 NW 29 PLACE  
MIAMI FL. 33056

D/

ALFRED SMELLIE  
3027 NW 7 AVE  
MIAMI FL. 33127.