2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F98000004873

FILED Oct 13, 2006 Secretary of State

Entity Name: FULL GOSPEL TABERNACLE OF PRAISE INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

218 S. JUDKINS AVENUE 218 S. JUDKINS AVENUE LIMA, OH 45805 US

Current Mailing Address: New Mailing Address:

PO BOX 17507 218 S. JUDKINS AVENUE TAMPA, FL 33862 US LIMA, OH 45805 US

FEI Number: 34-1820386 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: Name and Address of New Registered Agent:

JEFFERSON, APOSTLE SHARON E DR
1812 FRENCH CREEK RD
12
LIMA, FL 33605 US

PARAMOURE, RONDA REV
714 CALIENTE DR
TAMPA,, FL 33511 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: REV. RONDA PARAMOURE 10/13/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES
 () Delete
 Title:
 P D
 (X) Change () Addition

 Name:
 JEFFERSON, SHARON E DR.
 Name:
 JEFFERSON, SHARON E DR.

 Address:
 218 S. JUDKINS AVENUE
 Address:
 218 S. JUDKINS AVENUE

 City-St-Zip:
 LIMA,, OH 458065
 City-St-Zip:
 LIMA,, OH 45805 US

Title: () Delete Title: (X) Change () Addition Name: KENDALL, APOSTLE RICK REV. Name: BROWN, SANDRA APOSTLE Address: 1967 SW. SYLVESTER LN. Address: 14401 PRIDE VALLEY RD City-St-Zip: PORT ST. LUCIE, FL 34984 City-St-Zip: LITLTEROCK, AR 72211 US

Title: TRES () Delete Title: SD (X) Change () Addition Name: DIANA, SHURELDS PASTOR Name: RONDA, PARAMOURE REV.

 Address:
 302 N. ELIZABETH STREET
 Address:
 714 CALIENTE

 City-St-Zip:
 LIMA,, OH 45802
 City-St-Zip:
 TAMPA, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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: APOSTLE DR. SHARON E. JEFFERSON P D 10/13/2006