

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000001570

FILED
Oct 06, 2007
Secretary of State

Entity Name: VICTORY TABERNACLE OF PRAYER FOR ALL PEOPLE, INC.

Current Principal Place of Business:

364 W AVENUE A
BELLE GLADE, FL 33430

New Principal Place of Business:

364 WEST AVENUE A
BELLE GLADE, FL 33430

Current Mailing Address:

364 W AVENUE A
BELLE GLADE, FL 33430

New Mailing Address:

P. O. BOX 1125
BELLE GLADE, FL 33430

FEI Number: 06-1779271 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

BROWN, JOHNNY
600-A COVENANT DR
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

WILLIAMS, HAYWOOD N PASTOR
10821 NORTH MILITARY TRAIL
APT. 21D
PALM BEACH GARDENS, FL 33410 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: HAYWOOD N WILLIAMS

10/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, JOHNNY T PASTOR
Address: 809 N.E. 22ND ST., APT. 1
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: GRANT, WILLI ELDER
Address: 848 SW AVE I
City-St-Zip: BELLE GLADE, FL 33430

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, HAYWOOD N PASTOR
Address: 10821 NORTH MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Change () Addition
Name: WILSON, RUTH ELDER
Address: 355 SALVATORE COURT
City-St-Zip: PAHOKEE, FL 33476

Title: D () Change (X) Addition
Name: FORD, CAROLYN EVANGEL
Address: 537 SOUTH WEST 4TH STREET
City-St-Zip: BELLE GLADE, FL 33430

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: HAYWOOD N WILLIAMS

P

10/06/2007

Electronic Signature of Signing Officer or Director

Date