2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT  DOCUMENT # N01000004907  1. firmly large  END-TIME APOSTOLIC TABERNACLE OF PRAYER FOR  1. firmly large  END-TIME APOSTOLIC TABERNACLE OF PRAYER FOR  1. firmly large  1. firmly la	REINSTATEMENT							0.	<u>^</u>	•
2. Principalitation of Bioliness    Sum, Apt. N. of   Park   Park	1. Entity Name END-TIME ALL PEOF	e E APOSTOLIC TABERNACLI PLE & CHRISTIAN COMMUN	E OF PRAYER FOR					PALLAHA	16. 23 Six	(ED 411 8: ~
2. Principalitime of Bisiness    Sum, Apt. N. of   Public   Public	1025 W. PAL	METTO	1401 N. LAKE AVENUE						£, 270,	33 1665
COVA SUBLE PAYK   The ADDITIONS CHANGES TO DEFECTORS IN 16  20 SUBLET PAY   The ADDITIONS CHANGES TO DEFECTORS IN 16  8. Name and Address of Current Registered Agent  ABLES, CULFFORD M III 551 S COMMERCE AVE SEBRING, FL 33870-3869  Sieer Address (P.O. Box Number is Not Acceptable)  Sieer Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code  8. The above named entity submits inke statement for the purpose of changing is registered difice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are used acceptable.  SIGNATURE  Signature Payment III   The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 16  III.  OFFICERS AND DIRECTO			3. Mailing Address	SI#33	2					
### Addition    Part			P. O. BOX 4	6			IN-NP	CR2E0		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Stroot Address (P.O. Box Number is Not Acceptable)  SEBRING, FL 33870-3869  Siroot Address (P.O. Box Number is Not Acceptable)  SEBRING, FL 33870-3869  Siroot Address (P.O. Box Number is Not Acceptable)  SIROT Addre	AUM State	Yark, Th	AUST Park	FL	,		3		No	t Applicable
ABLES, CLIFFORD M III  551 S COMMERCE AVE SEBRING, FL 33870-3869  City 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 the obligations of registered agent.  SIGNATURE  S	3382	W USA	33826-0040	bUSA					Fee Required	
Street Address (P.O. Box Number is Not Acceptable)    City			gistered Agent	Name		7. Name and Add	ress of New	Hegistered /	Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Compared Registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of Florida agent ag	551 S COMMERCE AVE			Street Ad	ddress (F	P.O. Box Number is	Not Acceptab	le)	<u> </u>	
SIGNATURE  Signature, layed or prince name of registerice agent and time 4 expected.    NOTE: Registered Apart segnature required when remeabiling)   DATE						· · · · · ·			• ] `	
After January 1, 2006, Fee will be \$297.50  TILLE  TO  OFFICERS AND DIRECTORS  TILLE  ROBINSON, BARBARA SIRRET ADDRESS 1207 W AVON BLVD AVON PARK, FL 33825  CITY-ST-2P  WILLIAMS, ELDER H SIRRET ADDRESS 163 W 20TH STREET TILLE  WILLIAMS, ELDER J SIRRET ADDRESS CITY-ST-2P  TILLE  WILLIAMS, ELDER J SIRRET ADDRESS CITY-ST-2P  TILLE  WILLIAMS, ELDER J SIRRET ADDRESS CITY-ST-2P  TILLE  D SIRRET ADDRESS CITY-ST-2P  TILLE  MAME SIRRET ADDRESS CITY-ST-	the obligations of registered agent.  SIGNATURE  M-19-05									
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12. I hereby certify that the information supplied with this filling 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 eport 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 suppowered.	After Ja  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	FILE NOWIII FEE IS \$236.25 muary 1, 2006, Fee will be \$297.50  OFFICERS AND DIRECT  D ROBINSON, BARBARA 1207 W AVON BLVD AVON PARK, FL 33825  D WILLIAMS, ELDER H 163 W 20TH STREET RIVIERA BEACH, FL 33404  D WILLIAMS, ELDER J 163 W 20TH STREET RIVIERA BEACH, FL 33404	CTORS  Delete  Delete  CINCIE 3872  K Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	A	ADDITIONS/CHANG	FIG. ES TO OFFICE 13 10 15 15 15 15 15 15 15 15 15 15 15 15 15	Make checlorida Depar	Change   C	Addition  Addition  Addition  Addition  Addition
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