2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000004907

1. Entity Name
END-TIME APOSTOLIC TABERNACLE OF PRAYER FOR ALL PEOPLE & CHRISTIAN COMMUNITY OUTREACH MINISTRY,

FILED
08 AUG 20 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1015 W BELLS ST #32 (Bldg) AVON PARK, FL 33825	P O BOX 46 (Box) AVON PARK, FL 33825-0046

REINSTATEMENT 07-08
040720 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1794 MY Place LANE	P.O. Box 222894
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	W. Palm Beach
City & State: W. Palm Beach, FL	City & State: FLORIDA
Zip: 33417 Country: USA	Zip: 33422 Country: USA

4. FEI Number: 65-1008513 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABLES, CLIFFORD M III 551 S COMMERCE AVE SEBRING, FL 33870-3869	Name Street Address (P.O. Box Number is Not Acceptable) 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: [signature] 6-2-08
Signature, typed or printed name of registered agent and title 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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~ROBINSON, BARBARA~~ ~~1207 W AVON BLVD~~ AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Co-PASTOR Sandra Richardson 6394 NW 154th Avenue Okeechobee, FL 34972 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENTON, MARY 1017 DINNER LAKE CIRCLE SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. PASTOR Barbara Robinson 1794 My Place Lane W. Palm Beach, FL 33417 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACKSTOCK, EUDA 809 S PALMER ST AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/Prophet Renuld C. Robinson (Spelling) 1794 My Place Lane West Palm Beach, FL 33417 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KARL, MICHAEL 604 LEMON AVE SEBRING, FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500134572745 08/20/08--01035--006 **297.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KARL, PATRICIA 604 LEMON AVE SEBRING, FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition M 8/20
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, RENALD C 1794 MY PLACE LANE WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] (Barbara J. Robinson) 5/16/08 (561)242-5669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #