

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005806

FILED
Oct 09, 2008
Secretary of State

Entity Name: HALLELUJAH PRAISE AND WORSHIP MINISTRIES INC.

Current Principal Place of Business:

3632 US HWY 92 E
SUITE 9
LAKELAND, FL 33801

New Principal Place of Business:

3632 US HWY 92 E.
SUITE 9
LAKELAND, FL 33801

Current Mailing Address:

3632 US HWY 92 E
SUITE 9
LAKELAND, FL 33801

New Mailing Address:

2426 US HWY 92 E.
SUITE 1
LAKELAND, FL 33801

FEI Number: 03-0420496 **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:

MIKE, COLLEEN
5714 CHERRY TREE DRIVE
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

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: COLLEEN MIKE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: HILL, DORA
Address: 675 ORANGE AVE
City-St-Zip: WINTER HAVEN, FL

Title: PD () Delete
Name: COLLEEN, MIKE
Address: 5714 CHERRY TREE DR
City-St-Zip: LAKELAND, FL 33811

Title: O () Delete
Name: LUCAS, RASHONDA
Address: PO BOX 6541
City-St-Zip: LAKELAND, FL 33807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: HILL, DORA
Address: 675 ORANGE AVE
City-St-Zip: WINTER HAVEN, FL 33868

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: COLLEEN MIKE

PD

10/09/2008

Electronic Signature of Signing Officer or Director

Date