

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000000455

1. Entity Name
TEMPLE OF PRAISE MINISTRIES, INC.



Principal Place of Business
2129 ST. JAMES COURT
YULEE, FL 32097

Mailing Address
2129 ST. JAMES COURT
YULEE, FL 32097

2. Principal Place of Business
1927 S. 14th
Suite, Apt. #, etc.
100

3. Mailing Address
117 Usher Place
Suite, Apt. #, etc.

City & State
Fernandina Beach, FL
Zip
32034
Country
USA

City & State
Rincon, Georgia
Zip
31326
Country
USA

REINSTATEMENT 04-05
03082905 (6/04)
4. FEI Number
03-0415493
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL, DAVID L
2129 ST. JAMES COURT
YULEE, FL 32097

7. Name and Address of New Registered Agent

Name
Michael, David L.
Street Address (P.O. Box Number is Not Acceptable)
1927 S. 14th #100
City
Fernandina Beach FL Zip Code
32034

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 David L. Michael
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/2005
DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PST	☐ Delete
NAME	MICHAEL, DAVID L	
STREET ADDRESS	2129 ST. JAMES COURT	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE	P	☐ Delete
NAME	MICHAEL, DAVID L	
STREET ADDRESS	2129 ST. JAMES CT	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE	TD	☐ Delete
NAME	ACOSTA, LINA MARIE	
STREET ADDRESS	2168 MELISSA RD	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE	SD	☐ Delete
NAME	MICHAEL, JACQUELINE A	
STREET ADDRESS	2129 ST JAMES CT	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PST	☒ Change ☐ Addition
NAME	Michael, David L.	
STREET ADDRESS	Fernandina Beach, Florida	
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME	Michael David L.	
STREET ADDRESS	Fernandina Beach, Florida	
CITY-ST-ZIP		
TITLE	TD	☒ Change ☐ Addition
NAME	Acosta, Lina Marie	
STREET ADDRESS	86178 Melissa Rd	
CITY-ST-ZIP	Yulee, Florida 32097	
TITLE	SD	☒ Change ☐ Addition
NAME	Michael Jacqueline A.	
STREET ADDRESS	117 Usher Place	
CITY-ST-ZIP	Rincon, Georgia 31326	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

300048982573
03/23/05--01011--002 **306.20

3/11/2005

12. I hereby certify that the information supplied with this filing 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 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: David L. Michael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2005
Date

Daytime Phone #