

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000005118

1. Entity Name  
THE HOUSE OF PRAYER, FAITH AND DELIVERANCE  
OUTREACH MINISTRIES, INC.



Principal Place of Business  
120 W. PARK ST.  
LAKELAND, FL 33803

Mailing Address  
120 W. PARK ST.  
LAKELAND, FL 33803

2. Principal Place of Business

120 W. Park St.

3. Mailing Address

120 W. Park St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland, FL

Zip

33803

Country

Zip

33803

Country

08092005 REIN-NP

CR2E099 (6/04)

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GAMBLE, SHERRI  
200 AVE K SE  
315  
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name

Murray Sherril

Street Address (P.O. Box Number is Not Acceptable)

120 West Park St.

City

Lakeland

FL

Zip Code

33803

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

Sherril Murray, PD

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

400080203964  
10/04/05--01017--005 \*122.50  
8/19/05

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	MURRAY, KENNETH L	
STREET ADDRESS	200 AVE K SE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GAMBLE, SHERRI R	
STREET ADDRESS	200 AVE K SE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PERKINS, WANDA	
STREET ADDRESS	139 DAIRY ROAD	
CITY-ST-ZIP	AUBURNDAL, FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEOD/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murray, Kenneth L.	
STREET ADDRESS	120 W. Park St.	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	Murray, Sherril R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 W. Park St	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	T.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murray, Sherril	
STREET ADDRESS	120 W Park St.	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Ann Days	
STREET ADDRESS	303 Hawthorne Hills Place Apt 203	
CITY-ST-ZIP	Orlando, Florida 32835	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Peterson	
STREET ADDRESS	120 W. Park St.	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Exsavour Peterson	
STREET ADDRESS	120 W Park St.	
CITY-ST-ZIP	Lakeland, FL 33803	

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:

Bishop, Kenneth R. CEO.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/05

(863) 616-1369

(863) 318-3463

Date

Daytime Phone #

FILED

05 OCT -4 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-05



**The House of Prayer, Faith & Deliberance  
Outreach Ministries  
120 West Park St.  
Lakeland, FL 33803**

**To whom it may concern**

**I'm the Pastor and CEO of the House of Prayer, Faith & Deliberance  
Outreach Ministries. I'm writing this letter to inform your office that we  
didn't received any notice for reinstatement for our church paper work.  
Sorry our paper work are later this year.**

**Thank You,**  
*Bishop Kenneth Murray*  
**Bishop Kenneth Murray**