



2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000006592 1. Entity Name PARTNERS IN PRAYER, INC.						FILED 04 NOV -9 AM 8:25 REINSTATEMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8532 WAKULLA SPRINGS ROAD TALLAHASSEE, FL 32305				Mailing Address 8532 WAKULLA SPRINGS ROAD TALLAHASSEE, FL 32305			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 10272004 REIN-NP				CR2E099 (6/04)			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent MYRICK, LORENZO 8532 WAKULLA SPRINGS ROAD TALLAHASSEE, FL 32305				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50 </div> <div> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. </div> <div> Make check payable to Florida Department of State </div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				TITLE Lorenzo Myrick <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CEO STREET ADDRESS 8532 Wakulla Springs Road CITY-ST-ZIP Tall, Fla 32305			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Margie Bradley-Wade STREET ADDRESS 1821 Deura Drive CITY-ST-ZIP Tallahassee, Florida 32313			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Annie W Myrick STREET ADDRESS 8532 Wakulla Springs Road CITY-ST-ZIP Tallahassee, Florida 32305			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
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: <u>Lorenzo Myrick</u>							
November 5, 2004							
950-421-5128							