2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000010693

1. Entity Name
NATIONAL DAY OF PRAYER OF OSCEOLA COUNTY, INC.

FILED
05 OCT -4 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
441 WEST VINE STREET KISSIMMEE, FL 34741	441 WEST VINE STREET KISSIMMEE, FL 34741

09262005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
623 Adams Road	623 Adams Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud Florida	City & State: St. Cloud Florida
Zip: 34769 Country: USA	Zip: 34769 Country: USA

4. FEI Number: 33-1081769 ☐ 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
HAYES, ROBERT S ESQ. 441 WEST VINE STREET KISSIMMEE, FL 34741	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25 **After January 1, 2006, Fee will be $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OWEN, PAUL 4700 OREN BROWN ROAD KISSIMMEE, FL 34746	☐ Delete	D Beal, David 404 Cartcourt Kissimmee FL 34759	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STONE, ROGER 1749 KINGS POINT BLVD. KISSIMMEE, FL 34744	☐ Delete	10/04/05--01017--005 **122.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHASE, BERTHA 623 ADAMS ROAD ST. CLOUD, FL 34769	☐ Delete	JR 10/4	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Bertha Chase 9-29-05 407-892-2965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #