## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Principal Prince of Business 411 NEST VINC STREET NSSIMMEE, FL 34741  2. Principal Prince of Business 3. Maning Address 2. Principal Prince of Business 3. Maning Address 4. Addr	DOCUMENT # N03000010693  1. Entity Name NATIONAL DAY OF PRAYER OF OSCEOLA COUNTY, INC.									FILED T-4 PM				
Solita, Apt. 46.0.  Solita	441 WEST VINE STREET 441 WEST VINE STREET								patie PALLA	TARY OF THASSEE, I	STATE FLORID	A A		
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S. Settlineate of Status Desired   Fee Required   F							da			1769		<u> </u>	<del></del>	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am accept		9	Country 715 A	Zip 34	769	201 2/3	5A		5. Certificate of St	atus Desired				
### Street Address (P.O. Box Number is Not Acceptable)    City			and Address of Curren	t Registere	d Agent		Name		7. Name and Add	ress of New Re	gistered /	Agent		
City FL Zip Code  8. The above named entity automits 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	441 WEST	VINE STR	REET				Street Add	dress (F	P.O. Box Number is t	Not Acceptable	)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hand or primed rane of repostered agent and the it accidable.  (NOTE: Registered Agent signature required when minimating)  DATE  FILE NOWILI FEE IS \$41.25  After January 1, 2008, Fee will be \$122.90  In accordance with s. 607, 193(2)(b), F.S., the Corporation of and not receive the prior notice.  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INE  NAME  SIRET ADDRESS  CITY-ST-2P  KISSIMMEE, FL. 34746  UVD  STONE, ROGER  SIRET ADDRESS  CITY-ST-2P  KISSIMMEE, FL. 34744  ING  STONE, ROGER  SIRET ADDRESS  CITY-ST-2P  TITLE  NAME  SIRET ADDRESS  CITY-ST-2	KISSIMME	E, FL 347	'41											
SIGNATURE    Signature   Signa	t ·						City				FL	Zip Coc	ie	
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After January 1, 2006, Fee will be \$122.90   Corporation did not receive the prior notice.   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   PD   OWEN, PAUL   TITLE   Beal, David   A700 OREN BROWN ROAD   SIRET JORESS   OTY-S1-ZP   KISSIMMEE, FL 34746   OWEN, PAUL   TITLE   STORESS   TITLE   TITLE	SIGNATURE .													
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