## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N0400000990

Title:

Name:

Address:

City-St-Zip:

Entity Name: PSALMS WORSHIP CENTER INC.

( ) Delete

FILED Mar 07, 2006 Secretary of State

Elluty Na	IIIE. PSALIVIS WORSHIP CENTER, INC			
Current Principal Place of Business:		New Princ	cipal Place of Business:	
	HAVEN COURT IVILLE, FL 32244			
Current Mailing Address:		New Maili	New Mailing Address:	
P O BOX ( JACKSON	57068 IVILLE, FL 32241			
	: 20-0670539 FEI Number Applied For ( ) ace with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not App		
Name and	Address of Current Registered Agent:	Name and	d Address of New Registered Agent:	
7959 SEAI JACKSON The above	ARVELLE L HAVEN COURT IVILLE, FL 32244 US named entity submits this statement for the	e purpose of changing i	its registered office or registered agent, or both,	
SIGNATUI	RE: MARVELLE COOK			
	Electronic Signature of Registered A	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CEO () Delete COOK, MARVELLE L P O BOX 57068 JACKSONVILLE, FL 32241	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () Delete COOK, SAM D JR P O BOX 57068 JACKSONVILLE, FL 32241	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition COOK, SAM D JR P O BOX 57068 JACKSONVILLE, FL 32241	
Title: Name: Address: City-St-Zip:	T () Delete COOK, VALERIE B P O BOX 57068 JACKSONVILLE, FL 32241	Title: Name: Address: City-St-Zip:	S (X) Change () Addition HALL, ALDRIA D P O BOX 57068 JACKSONVILLE, FL 32241	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARVELLE COOK CEO 03/07/2006

( ) Change (X) Addition

COOK, VALERIE B

JACKSONVILLE, FL 32241

P O BOX 57068