

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000003320	
1. Entity Name IN HIS PRESENCE CATHEDRAL OF PRAISE INC	



FILED

06 FEB 15 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 2074 MIDYETTE RD., APT. 434 TALLAHASSEE, FL 32301	Mailing Address 2074 MIDYETTE RD., APT. 434 TALLAHASSEE, FL 32301
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2. Principal Place of Business 1600 Pullen Rd 2C	3. Mailing Address 1600 Pullen Rd 2C
Suite, Apt. #, etc. 2C	Suite, Apt. #, etc. 2C
City & State Tallahassee FL	City & State Tallahassee FL
Zip 32303	Country Leon

01032006 REIN-NP CR2E099 (11/05)

4. FEI Number 41-2136606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent. COHEN, LEONARD E 2074 MIDYETTE APT. 434 TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name Leonard E Cohen Street Address (P.O. Box Number is Not Acceptable) 1600 Pullen Rd 2C City Tallahassee FL Zip Code 32303	
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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 Leonard E Cohen Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
DATE 2-15-06	

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, LEONARD E 2074 MIDYETTE APT. 434 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, TRAVIA 2074 MIDYETTE APT. 434 TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SANDRA 746 SHELINE DR. HAVANA, FL 32333 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ellis Bunnion Jr 150 Seminole Circle Havana FL 32333 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shelia Bunnion 150 Seminole Circle Haven FL 32333 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pastor 1600 Pullen Rd 2C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adm LGTob49K.Walker <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 180716 Tall, FL 32318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assi-Pastor Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Decon 600066387326 02/22/06--01036--003 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deconess B 2 P15/06 REINSTATEMENT 05-09 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Leonard E Cohen Signature and typed or printed name of signing officer or director	
Date 2-15-06	Daytime Phone # 850-210 6095