

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

12 MAR -5 AM 10:38

DOCUMENT # N04000006847

1. Entity Name
FAITH HOUSE OF PRAYER HOLINESS CHURCH CORP.



Principal Place of Business
1112 MARTIN LUTHER KING JR DRIVE
MADISON, FL 32340

Mailing Address
1112 MARTIN LUTHER KING JR DRIVE
MADISON, FL 32340

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052012 REIN-NP

CR2E099 (12/11)

4. FEI Number
34-2031732

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDLER, LEE A PASTOR
1306 HALL STREET
MADISON, FL 32340

7. Name and Address of New Registered Agent

Name Pastor Lee Medler

Street Address (P.O. Box Number is Not Acceptable)
239 Hall Street

City Madison

FL

Zip Code 32340

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

Pastor Lee Medler

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

March 5, 2012

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE S
NAME SANDER, LORENE ☐ Delete
STREET ADDRESS 2648 NE NE OAK HIRD PINETT
CITY- ST- ZIP MADISON, FL 32352

TITLE D
NAME MILLER, CYDE ☒ Delete
STREET ADDRESS 667 SW BUNKERS ST
CITY- ST- ZIP MADISON, FL 32340

TITLE AP
NAME MILLER, JERRY ☒ Delete
STREET ADDRESS 667 SW BUNKERS ST
CITY- ST- ZIP MADISON, FL 32340

TITLE D
NAME MEDLER, CATHRINE ☐ Delete
STREET ADDRESS P.O. BOX 1161
CITY- ST- ZIP MADSION, FL 32340

TITLE D
NAME BARFIELD, PATRICIA ☐ Delete
STREET ADDRESS 276 SW MARION ST
CITY- ST- ZIP MADISON, FL 32340

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE E
NAME Shirley McCray ☐ Change ☒ Addition
STREET ADDRESS 222 Old Drive Inn Lot. 12
CITY- ST- ZIP Madison, FL 32340 5

TITLE PA
NAME Pearly Wright ☐ Change ☒ Addition
STREET ADDRESS 721 SE. W. Farm Rd.
CITY- ST- ZIP Madison, FL 32340 5

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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:

Pastor Lee Medler 3/5/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

E-MAIL ADDRESS

88 Williams MAR - 5 2012