# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N04000006959**

1. Entity Name
TEMPLE HEARTS OF FAITH PRAYER MINISTRIES, INC.

FILED
05 NOV 15 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1539 GRANTS CIRCLE<br>KISSIMMEE, FL 34744 | 1539 GRANTS CIRCLE<br>KISSIMMEE, FL 34744 |

10072005 REIN-NP CR2E099 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 32-0120233 — 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 |
|---|---|
| HASSAN, JOAN<br>1539 GRANTS CIRCLE<br>KISSIMMEE, FL 34744 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City / FL / Zip/Code |

200061439922
11/15/05--01046--030 ~~$70.00~~ 00

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 REV JOAN C HASSAN NOV-07-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE P/D/C ☐ Change ☐ Addition<br>NAME REV. Joan C. HASSAN<br>STREET ADDRESS 1539 Gants Circle Kissimmee FL<br>CITY-ST-ZIP 34744 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE V/T/D ☐ Change ☐ Addition<br>NAME Ricky N. HASSAN<br>STREET ADDRESS 1539 Gants circle Kissimmee FL<br>CITY-ST-ZIP 34744 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE D ☐ Change ☐ Addition<br>NAME mrs KAREN C. SEDDON<br>STREET ADDRESS 3114 Garden ct st Cloud FL<br>CITY-ST-ZIP 34770 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE D ☐ Change ☐ Addition<br>NAME REV. Helen STRAIN<br>STREET ADDRESS 2532 Long Pine Lane st Cloud FL<br>CITY-ST-ZIP 34770 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE D ☐ Change ☐ Addition<br>NAME mrs myrtle Desouza<br>STREET ADDRESS 1539 Gants Circle Kissimmee FL<br>CITY-ST-ZIP 34744 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE D/V/S ☐ Change ☐ Addition<br>NAME mr Rick C. HASSAN<br>STREET ADDRESS 1539 Gants circle Kissimmee FL<br>CITY-ST-ZIP 34744 |

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:** NOV-07-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #