

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007645

FILED
Nov 02, 2005
Secretary of State

Entity Name: FAITH IN THE WORD MINISTRIES, INC.

Current Principal Place of Business:

7512 DR. PHILLIPS BLVD.
STE 50-504
ORLANDO, FL 32819

New Principal Place of Business:

6857 W. COLONIAL DR
ORLANDO, FL 32818

Current Mailing Address:

7512 DR. PHILLIPS BLVD.
STE 50-504
ORLANDO, FL 32819

New Mailing Address:

6857 W. COLONIAL DR
ORLANDO, FL 32818

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DANIELS, GAIL T
7512 DR. PHILLIPS BLVD.
STE 50-504
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

DANIELS, GAIL T
6857 W. COLONIAL DR
ORLANDO, FL 32818 US

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.

SIGNATURE: GAIL DANIELS

11/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DANIELS, RAYFIELD C
Address: 7608 SANDSTONE DR.
City-St-Zip: ORLANDO, FL 32836

Title: SV () Delete
Name: DANIELS, GAIL T
Address: 7608 SANDSTONE DR.
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DANIELS, RAYFIELD C
Address: 4748 AMOY CT
City-St-Zip: ORLANDO, FL 32811

Title: SV (X) Change () Addition
Name: DANIELS, GAIL T
Address: 4748 AMOY CT
City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: GAIL DANIELS

SV

11/02/2005

Electronic Signature of Signing Officer or Director

Date