

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 APR 20 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06

DOCUMENT # N04000007668	
1. Entity Name THE PRAYER HOUSE INC.	



Principal Place of Business 7935 RANCH ROAD PORT RICHEY, FL 34668	Mailing Address 7935 RANCH ROAD PORT RICHEY, FL 34668
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04102006 REIN-NP CR2E099 (11/05)

4. FEI Number 20-1451 258	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMPBELL, JAMES R - 7935 RANCH ROAD PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, JAMES R			NAME			
STREET ADDRESS	7935 RANCH ROAD			STREET ADDRESS			
CITY - ST - ZIP	PORT RICHEY, FL 34668			CITY - ST - ZIP			
TITLE	SEC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, SUSAN M			NAME			
STREET ADDRESS	7935 RANCH ROAD			STREET ADDRESS			
CITY - ST - ZIP	PORT RICHEY, FL 34668			CITY - ST - ZIP			
TITLE	TRES	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, SUSAN M			NAME			
STREET ADDRESS	7935 RANCH ROAD			STREET ADDRESS			
CITY - ST - ZIP	PORT RICHEY, FL 34668			CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRAINA, TAMMY L			NAME			
STREET ADDRESS	11604 GROVEWOOD			STREET ADDRESS			
CITY - ST - ZIP	LAND O LAKE, FL 34638			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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05/05/06--01019--022 \*\*122.50

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: JAMES R CAMPBELL JAMES R CAMPBELL 4-16-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #