

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004570

FILED
Nov 02, 2010
Secretary of State

Entity Name: APOSTOLIC HOUSE OF PRAYER 2 INC.

Current Principal Place of Business:

148 W. NORTH STREET
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1121
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 20-1148626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WELLS, CAGER
148 W. NORTH STREET
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

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: CAGER WELLS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WELLS, CAGER
Address: 155 COMET AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: VP
Name: WELLS, ANNIE
Address: 155 COMET AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: T
Name: FISHER, CHARLES
Address: 138 SPRINGTIME ST
City-St-Zip: WEWAHITCHKA, FL 32465

Title: S
Name: FISHER, SHEILA
Address: 138 SPRINGTIME ST
City-St-Zip: WEWAHITCHKA, FL 32465

Title: AS
Name: FISHER, ANN
Address: 162 SPRINGTIME ST.
City-St-Zip: WEWAHITCHKA, FL 32465

Title: T
Name: STACKHOUSE, CATHERINE
Address: 1614 FOUNTAIN AVE.
City-St-Zip: PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

SIGNATURE: CAGER WELLS

P

11/02/2010

Electronic Signature of Signing Officer or Director

Date