

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007519

FILED
Oct 03, 2006
Secretary of State

Entity Name: FULL GOSPEL TABERNACLE OF PRAISE, INC.

Current Principal Place of Business:

338 OAK PARK PLACE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

338 OAK PARK PLACE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 51-0541878 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

FRANCIS, PAUL
338 OAK PARK PLACE
CASSELBERRY, FL 32707 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: PAUL FRANCIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SAMUELS, ALTON
Address: 15A HULL ST
City-St-Zip: BROOKLYN, NY 11233

Title: VC () Delete
Name: SAMUELS, MELONY
Address: 15A HULL ST
City-St-Zip: BROOKLYN, NY 11233

Title: ED () Delete
Name: FRANCIS, PAUL
Address: 338 OAK PK PL
City-St-Zip: CASSELBERRY, FL 32707

Title: TS () Delete
Name: FRANCIS, MARCIA
Address: 338 OAK PK PL
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PAUL FRANCIS

RA

10/03/2006

Electronic Signature of Signing Officer or Director

Date