


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000001759	
1. Entity Name REVELATION PENTECOSTAL HOUSE PRAYER FOR ALL NATIONS INC:	

FILED

06 OCT 19 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1312 PINE HILL ROAD ORLANDO, FL 32808	Mailing Address 1312 PINE HILL ROAD ORLANDO, FL 32808
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2. Principal Place of Business 5514 EDGEWATER DR Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
City & State ORLANDO	City & State FL
Zip 32810	Country

4. FEI Number 113746172		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HINDS, VICTOR T 1312 PINE HILL ROAD ORLANDO, FL 32808	
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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.

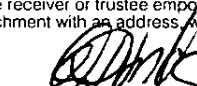
SIGNATURE  _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINDS, VICTOR T 599 HEGEMAN BROOKLYN, NY 11207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, PATRICIA 1312 PINE HILL ROAD ORLANDO, FL 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, RICHARD C 1312 PINE HILL ROAD ORLANDO, FL 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DONALDSON, MARLENE 1603 THORNHILL CIRCLE OVIEDO, FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES BROWN, KARLENE P 1085 DIAZ COURT WINTER SPRING, FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MULLINGS, KAREN 308 REGAL DOWNS CIRCLE WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700081154497 10/24/06--01045--007 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5514 Edge water Dr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Orlando FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5514 Edge water Dr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Orlando FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5514 Edge water Dr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #