

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000000390

FILED
Oct 31, 2008
Secretary of State

Entity Name: HOUSE OF WORSHIP AND PRAYER INC.

Current Principal Place of Business:

8422 N. MULBERRY STREET
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

8422 N. MULBERRY STREET
TAMPA, FL 33604

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

GARDNER, SIDNEY B
8422 N. MULBERRY STREET
TAMPA, FL 33604 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: EDWIN A CLARK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARDNER, SIDNEY B
Address: 8422 N. MULBERRY STREET
City-St-Zip: TAMPA, FL 33604

Title: V () Delete
Name: GARDNER, KELLY R
Address: 8422 N. MULBERRY STREET
City-St-Zip: TAMPA, FL 33604

Title: S () Delete
Name: ALLEN, BETH
Address: 8422 N. MULBERRY STREET
City-St-Zip: TAMPA, FL 33604

Title: T () Delete
Name: HORN, CHERYL
Address: 8850 DORAL OAKS DRIVE #915
City-St-Zip: TAMPA, FL 33617

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 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: EDWIN A CLARK

PF

10/31/2008

Electronic Signature of Signing Officer or Director

Date