

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000008302

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Entity Name:** ALL NATIONS TABERNACLE OF PRAYER, INC.

**Current Principal Place of Business:**

507 W BRUCE AVE  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

507 W BRUCE AVE  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

**FEI Number:** 32-0315365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAVINS, BENJAMIN  
4700 NEPTUNE DR SE  
ST PETERSBURG, FL 33705 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:** BENJAMIN GAVINS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** TP  
**Name:** GAVINS, BEN  
**Address:** PO BOX 461  
**City-St-Zip:** OPAHUMPKA, FL 32762

**Title:** TVP  
**Name:** BLAIR, CHERYL  
**Address:** 4130 53RD AVE S  
**City-St-Zip:** ST PETERSBURG, FL 33711

**Title:** S  
**Name:** PARIS, INELLA  
**Address:** 1325 26TH AVE S  
**City-St-Zip:** ST PETERSBURG, FL 33705

**Title:** DT  
**Name:** CALDWELL, BARBARA  
**Address:** 1325 26TH AVE S  
**City-St-Zip:** ST PETERSBURG, FL 33705

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:** BEN GAVINS

TP

03/04/2012

Electronic Signature of Signing Officer or Director

Date