MITITUME REFURI (AR)

DOCUMENT # N33391 **FILED** 1. Entity Name Apr 17, 2006 08:00 AM Secretary of State LOVE, FAITH AND POWER MINISTRIES, INC. Principal Place of Business Mailing Address P.O. BOX 20336 WEST PALM BEACH FL 33416 P.O. BOX 20336 WEST PALM BEACH FL 33416 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0133054 Not Applicat Country Zio \$8.75 Additional Zιρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIGAN, BERNARD A. Street Address (P.O. Box Number is Not Acceptable) 1007 FLAMINGO DRIVE WEST PALM BEACH FL 33401 City 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. DATE Signature, typed or printed tigms of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be Election Campaign Financing Make Check Payable to. Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DILE ☐ Defete THE Addition HARRIGAN, BERNARD A. NAME NAME U00000515510 1007 FLAMINGO DR. STRELT ADDRESS STREET ADDRESS 04/29/06-80214-015 61.25 WEST PALM BEACH FL 33401 CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition Delete TITE TITLE PRATT, CHCKISHIA L NAME NAME. 2111 BRANDYWINE RD., APT 513 STREET ADORESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP DITY-ST-ZIP TITLE Change Addition TITLE Defete _ BRAYBOY, BEGONIA NAME NAME 1221 KIRK RD. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP CHY-ST-ZIP ☐ Defete Change ☐ Addition TITLE DUKES, PHILLIP STREET ADDRESS 1221 T AVE STREET ADDRESS RIVIERA BEACH FL CITY-ST-78P CITY-ST-ZIP Change ☐ Addition THE ☐ Delete TITLE KUNTZ, GAYNELL NAME NAME 1907 DOCK ST. STREET AODRESS STREET ADDRESS WEST PALM BEACH FL 33401 GITY - ST- ZIF CITY-ST-ZIP 797<u>L</u>E Delete Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-IT City-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, 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.

14/17/11/ 211-489-2170