2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# N95000005373

Entity Name: HOUSE OF THE LORD PRAYER BAND MISSION INC.

Current Principal Place of Business:

2940 N.W. 3 STREET
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2940 N.W. 3 STREET
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0622934 **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:

PERKINS, BOBBY L BISHOP
3940 N.W. 3 STREET
POMPANO BEACH, FL 33069 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: BOBBY PERKINS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PERKINS, BOBBY L
Address: 2940 N.W. 3 STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: VD ( ) Delete
Name: SAWYER, PATRICIA VD
Address: 2940 NW 35ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD ( ) Delete
Name: RODGERS, MILDRED B
Address: 2414 N.W. 9 STREET
City-St-Zip: POMPANO BEACH, FL

Title: SD ( ) Delete
Name: STUBBS, MARY
Address: 2940 NW 3ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: T ( ) Delete
Name: EDWARD, BROWN
Address: NW 3ST
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: SMART, MARIA
Address: 2414 N.W. 9 STREET
City-St-Zip: POMPANO BEACH, FL

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

Title: T (X) Change ( ) Addition
Name: MCCOMBS, LEON
Address: NW 3ST
City-St-Zip: POMPANO BEACH, FL 33069

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: BOBBY PERKINS PD 10/14/2009
Electronic Signature of Signing Officer or Director — Date