# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 05, 2005**
**Secretary of State**

DOCUMENT# N97000005058

**Entity Name:** LITTLE SANCTUARY HOUSE OF PRAISE, INC.

**Current Principal Place of Business:**

2040 COLLEGE CIRCLE
JACKSONVILLE, FL 32209 US

**New Principal Place of Business:**

1342 GOLFAIR BLVD
JACKSONVILLE, FL 32209 US

**Current Mailing Address:**

2040 COLLEGE CIRCLE
JACKSONVILLE, FL 32209 US

**New Mailing Address:**

1342 GOLFAIR BLVD
JACKSONVILLE, FL 32209 US

**FEI Number: 59-3482525** **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:**

COLLINS, NORMA
1137 EAST 14TH ST.
JACKSONVILLE, FL 32206 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: NORMA COLLINS
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: COLLINS, COLEY
Address: 1137 EAST 14TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD ( ) Delete
Name: COLLINS, NORMA
Address: 1137 EAST 14TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: TD ( ) Delete
Name: CHARLES, KESHONA
Address: 1137 EAST 14TH ST
City-St-Zip: JACKSONVILLE, FL 32206

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NORMA COLLINS S 11/05/2005
Electronic Signature of Signing Officer or Director — Date