

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000342

FILED  
Jul 19, 2010  
Secretary of State

**Entity Name:** HOUSE OF PRAYER MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

17201 S.W. 103RD AVENUE  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 901456  
HOMESTEAD, FL 33090

**New Mailing Address:**

FEI Number: 65-0806656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEWELL, JOSEPH G  
3346 N 11 DRIVE  
MIAMI, FL 33033 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: JOSEPH G SEWELL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SEWELL, JOSEPH  
Address: 3346 N 11 DRIVE  
City-St-Zip: MIAMI, FL 33033

Title: D  
Name: WILLIAMS, WILLIE JAMES  
Address: 6611 LAKE SHORE LANE  
City-St-Zip: FT. MYERS, FL 33912

Title: D  
Name: WILLIAMS, LULABELLE  
Address: 10755 SW 222 STREET  
City-St-Zip: MIAMI, FL 33170

Title: FSD  
Name: REID, BARBARA  
Address: 12840 SW 268 ST  
City-St-Zip: MIAMI, FL 33032

Title: SD  
Name: SEWELL, BRIDGET  
Address: P.O. BOX 901456  
City-St-Zip: MIAMI, FL 33090

Title: TD  
Name: WILLIAMS, PLEDGE  
Address: 10755 SW 222 STREET  
City-St-Zip: MIAMI, FL 33170

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: JOSEPH G SEWELL

P

07/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date