

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202004 REIN-NP CR2E099 (6/04)

DOCUMENT # 716786					
1. Entity Name CROOMS TEMPLE CHURCH OF GOD IN CHRIST, INC.					
Principal Place of Business 2090 N W 151ST STREET OPA-LOCKA, FL 33054 US		Mailing Address 2100 NW 154TH STREET OPA LOCKA, FL 33054			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0282328	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CROOMS, OLIVER 2100 NW 154TH STREET OPA LOCKA, FL 33054			Name <u>OLIVER J. CROOMS JR.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2100 N W 154th ST</u> City <u>OPA-LOCKA</u> FL Zip Code <u>33054</u>		
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Oliver J. Crooms Jr.</u>		OLIVER J. CROOMS JR.		2-26-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROOMS, OLIVER		NAME		
STREET ADDRESS	2100 NW 154TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERKINS, ADDIE		NAME		
STREET ADDRESS	16430 NW 19TH CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, MARTHA		NAME		
STREET ADDRESS	15901 NW 22ND COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROOMS, RONALD		NAME		
STREET ADDRESS	16120 NW 18TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33054		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>Oliver J. Crooms Jr.</u>		OLIVER J. CROOMS JR.		12-29-04 (305) 687-3937	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

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