

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED

2006 OCT 20 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10082006 REIN-NP CR2E099 (11/05)

<b>DOCUMENT # N04000004064</b>					
1. Entity Name <b>DOMINION WORSHIP MINISTRIES CHURCH OF GOD, INC.</b>					
Principal Place of Business <b>4016 12TH AVE S ST PETERSBURG, FL 33711</b>			Mailing Address <b>4016 12TH AVE S ST PETERSBURG, FL 33711</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number <b>20-2337452</b> NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCOTT, DOYLE P SR 670 58TH AVE S ST PETERSBURG, FL 33705</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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.					
SIGNATURE <i>Eric E. Robinson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>10/15/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, 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 NAME STREET ADDRESS CITY - ST - ZIP	P SCOTT, DOYLE P SR 670 58TH AVE S ST PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ERIC E. ROBINSON 2935 5TH AVE 50 ST. PETE, FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ODOM, LOUISE 2901 17TH AVE S ST PETERSBURG, FL 33711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LULA M BENJAMIN 608 12TH AVE 50 ST. PETE, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIAZ, MITZI 3655 29TH AVE S ST PETERSBURG, FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900081399599 10/31/06--01079--008 **245.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD, RUBIN 2600 PINELLAS POINT DR S ST PETERSBURG, FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCOTT, LINDA 5668 22ND ST. SOUTH APT. 2006 ST PETERSBURG, FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Eric E. Robinson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			ERIC E. ROBINSON 15OCT04 727-328-0998 <small>Fin DIRECTOR Date Daytime Phone #</small>		

10/26/06