


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002641 1. Entity Name THOMAS TEMPLE, CHURCH OF GOD IN CHRIST, INC.						06 OCT 12 11 9:51 REINSTATEMENT	
Principal Place of Business 516 NORTHWEST 16TH AVENUE POMPAÑO BEACH, FL 33069				Mailing Address 516 NORTHWEST 16TH AVENUE POMPAÑO BEACH, FL 33069			
2. Principal Place of Business		3. Mailing Address		10072006 REIN-NP		CR2E099 (11/05) <i>ok</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent ROBINSON, ROBERT L 1890 NORTHWEST 6TH AVENUE POMPAÑO BEACH, FL 33060				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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>Robert Lee Robinson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10-7-06</u> <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 ROBINSON, ROBERT L <input type="checkbox"/> Delete 1890 NORTHWEST 6TH AVENUE POMPAÑO BEACH, FL 33060			TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vincent Robinson 1030 N W 13 Street Fort Lauderdale FL 33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SLAPPY, DOROTHY 601 N.W. 23RD TERR. POMPAÑO BEACH, FL 33069			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080776308 10/12/06--01043--020 **245.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete JORDAN, THEODUS 590 N.W. 21ST CT. POMPAÑO BEACH, FL 33060			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Robert Lee Robinson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>10-7-06</u> Daytime Phone #			

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