

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 704142

FILED
Oct 09, 2009
Secretary of State

Entity Name: THE HOLY GHOST CHURCH OF GOD OF THE APOSTALIC FAITH, INC.

Current Principal Place of Business:

1250 N.W. 43RD ST.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1250 N.W. 43RD ST.
MIAMI, FL 33142

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

MEDVIN, PHILIP
75 VALENCIA AVENUE
SUITE 900
CORAL GABLES, FL 33134 US

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: DANIEL ARLINE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARLINE, BISHOP DANIEL
Address: 1250 N.W. 43RD ST.
City-St-Zip: MIAMI, FL 33142

Title: VD () Delete
Name: DAVIS, DEACON WADE
Address: 1250 N.W. 43RD ST.
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: ARLINE, EVALENA
Address: 1250 N.W. 43RD ST.
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: DAVIS, JEWEL
Address: 1250 N.W. 43RD ST.
City-St-Zip: MIAMI, FL 33142

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DANIEL ARLINE

P D

10/09/2009

Electronic Signature of Signing Officer or Director

Date