2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 708774

FILED Mar 20, 2008 Secretary of State

Entity Name: THE FIRST HOLINESS CHURCH OF THE LIVING GOD, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

125 SW 12TH AVE 125 S.W. 12TH AVE. SOUTH BAY, FL 33493 SOUTH BAY, FL 33493

Current Mailing Address: New Mailing Address:

PO BOX 309 SOUTH BAY, FL 33493 125 S.W. 12TH AVE. P.O. BOX 444 SOUTH BAY, FL 33493

FEI Number: 05-0063511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WRISPER, WILLIE (BISHOP)

250 12TH AVE SOUTHWEST

SOUTH BAY, FL 33493 US

WRISPER, JIMMIE L TRUSTEE

125 SW 12TH AVE.

SOUTH BAY, FL 33493 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: JIMMIE L. WRISPER, TRUSTEE 03/20/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 BH
 () Delete
 Title:
 BH
 (X) Change () Addition

 Name:
 WRISPER, JIMMIE L
 WRISPER, JIMMIE L

 Address:
 1149 SW ÅVE I
 Address:
 1149 SW ÅVE I

 City-St-Zip:
 BELL GLADE, FL 33430
 City-St-Zip:
 BELLE GLADE, FL 33430

Title: DT () Delete Title: () Change () Addition

 Name:
 KYLES, LATHAN
 Name:

 Address:
 425 EILON AVE
 Address:

 City-St-Zip:
 SOUTH BAY, FL 33493
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 WRISPER, ELOUISE
 Name:

 Address:
 1149 SW AVE I
 Address:

 City-St-Zip:
 BELLE GLADE, FL 33430
 City-St-Zip:

Title: B (X) Delete Title: () Change () Addition

 Name:
 WRISPER, WILLIE
 Name:

 Address:
 250 12TH AVE
 Address:

 City-St-Zip:
 SOUTH BAY, FL 33493
 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: JIMMIE L. WRISPER, TRUSTEE BH 03/20/2008