

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 716786

1. Entity Name  
CROOMS TEMPLE CHURCH OF GOD IN CHRIST, INC.



FILED

05 MAR -1 AM 2:32

Principal Place of Business  
2090 N W 151ST STREET  
OPA-LOCKA, FL 33054 US

Mailing Address  
2100 NW 154TH STREET  
OPA LOCKA, FL 33054

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10202004 REIN-NP

CR2E099 (6/04)

City & State

City & State

4. FEI Number  
65-0282328

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 OLIVER J. CROOMS JR.

Street Address (P.O. Box Number is Not Acceptable)

2100 N W 154<sup>th</sup> ST

City OPA-LOCKA

FL

Zip Code 33054

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 Oliver J. Crooms Jr.  
Signature, typed or printed name of registered agent and title if applicable

OLIVER J. CROOMS JR.  
(NOTE: Registered Agent signature required when reinstating)

2-26-05  
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  
NAME CROOMS, OLIVER ☐ Delete  
STREET ADDRESS 2100 NW 154TH STREET  
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME PERKINS, ADDIE ☐ Delete  
STREET ADDRESS 16430 NW 19TH CT  
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition  
NAME 900043831979  
STREET ADDRESS 01/04/05--01002--015 \*\*236.25  
CITY-ST-ZIP

TITLE D  
NAME KING, MARTHA ☐ Delete  
STREET ADDRESS 15901 NW 22ND COURT  
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition  
NAME 900047924829  
STREET ADDRESS 03/08/05--01019--008 \*\*61.25  
CITY-ST-ZIP

TITLE V  
NAME CROOMS, RONALD ☐ Delete  
STREET ADDRESS 16120 NW 18TH PLACE  
CITY-ST-ZIP MIAMI, FL 33054

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Oliver J. Crooms Jr. OLIVER J. CROOMS JR. 12-29-04 (352) 657-3937  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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