

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 729296

FILED
Oct 24, 2004
Secretary of State**Entity Name:** FAITH UNITED MIRACLE TEMPLE, INC.**Current Principal Place of Business:**BISHOP DESSO BENJAMIN
1860 W. 5TH ST.
JACKSONVILLE, FL 32209**New Principal Place of Business:****Current Mailing Address:**BISHOP DESSO BENJAMIN
1860 W. 5TH ST.
JACKSONVILLE, FL 32209**New Mailing Address:**C/O S. A. WILLIAMS
7947 REID AVE.
JACKSONVILLE, FL 32208**FEI Number:** 59-2846245 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:**BENJAMIN, DESSO BISHOP
5245 ARCHERY AVE
JACKSONVILLE, FL 32208 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: PENDER, HORACE
Address: 3117 HARTRIDGE ST
City-St-Zip: JACKSONVILLE, FL 32258**Title:** DP () Delete
Name: BENJAMIN, DESSO
Address: 5245 ARCHERY AVE.
City-St-Zip: JACKSONVILLE, FL 32208**Title:** D () Delete
Name: BENJAMIN, MILDRED
Address: 5245 ARCHERY AVE.
City-St-Zip: JACKSONVILLE, FL 32208**Title:** D () Delete
Name: WILLIAMS, SHIRLEY A
Address: 7947 REID AVE
City-St-Zip: JACKSONVILLE, FL 32209**Title:** T () Delete
Name: HOBBS, LASHUN
Address: 1333 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: WILLIAMS, SHIRLEY A DIRECTO
Address: 7947 REID AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHIRLEY A. WILLIAMS

D

10/24/2004

Electronic Signature of Signing Officer or Director

Date