

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 732719

FILED
Oct 05, 2005
Secretary of State

Entity Name: FAITH OF CHRIST BIBLE REVIVAL CHURCH, INC.

Current Principal Place of Business:

4812 ASHLAND DR
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

4812 ASHLAND DR
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-1648361 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

CANADA, MOSES
4812 ASHLAND DR
TAMPA, FL 33610 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: MOSES CANADA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CANADA, FLOYD J
Address: 4812 ASHLAND DRIVE
City-St-Zip: TAMPA, FL

Title: T () Delete
Name: CANADA, SANDRA R
Address: 4812 ASHLAND DRIVE
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: CANADA, MOSES
Address: 4812 ASHLAND DRIVE
City-St-Zip: TAMPA, FL

Title: S (X) Delete
Name: WILLIAM, ANNA MARIE
Address: 3421 52ST APT. B
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: CANADA, JACOB A
Address: 4812 ASHLAND DR
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: TIMOTHY L. CANADA,
Address: 4812 ASHLAND DR.
City-St-Zip: TAMPA, FL

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
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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 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: MOSES CANADA

PD

10/05/2005

Electronic Signature of Signing Officer or Director

Date