

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 760147

FILED  
Oct 29, 2009  
Secretary of State

**Entity Name:** TRUE HOLINESS CHURCH OF THE LIVING GOD, INC.

**Current Principal Place of Business:**

326 E. CHARLOTTE AVE.  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1723  
326 E. CHARLOTTE AVE.  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 65-0199490      **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:**

BLANDING, BEVERLY  
311 CAPRI ISLES CT.  
PUNTA GORDA, FL 33950      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: BEVERLY BLANDING

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BLANDING, ALTO  
Address: 311 CAPRI ISLES CT  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD      ( ) Delete  
Name: BLANDING, BEVERLY  
Address: 311 CAPRI ISLE CT  
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD      ( ) Delete  
Name: OLIVER, ERLNEE  
Address: 527 CRANDALL ST NW  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T      ( ) Delete  
Name: HICKS, JULIA  
Address: 433 ABURTO LANE  
City-St-Zip: PORT CHARLOTTE, FL 0,

**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: BEVERLY BLANDING

VD

10/29/2009

Electronic Signature of Signing Officer or Director

Date