## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT#770114** 

FILED Oct 28, 2008 Secretary of State

Entity Name: WORLD HEALING CENTER CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3400 WILLIAM D TATE AVE. GRAPEVINE, TX 760514337 **Current Mailing Address: New Mailing Address:** PO BOX 168487 PO BOX 2723 IRVING, TX 75016 GRAPEVINE, TX 76099 FEI Number: 59-2457046 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: ELSBERRY, MICHAEL 215 N EOLA DR ORLANDO, FL 32801 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: MICHAEL ELSBERRY Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition HINN, BENEDICTUS HINN, BENEDICTUS Name: Name: 41 COLUMBIA Address: 3400 WILLIAM D. TATE AVENUE Address: City-St-Zip: ALISO VIEJO, CA 92656 City-St-Zip: GRAPEVINE, TX 76051 Title: Title: (X) Change ( ) Addition () Delete REID, TOMMY Name: REID, TOMMY Name: Address: 3210 SOUTHWESTERN BLVD Address: 3400 WILLIAM D. TATE AVENUE City-St-Zip: ORCHARD, NY 14127 City-St-Zip: GRAPEVINE, TX 76051 Title: () Delete Title: SD (X) Change ( ) Addition INELLO, ROBERT INELLO, ROBERT Name: Name: 3400 WILLIAM D. TATE AVENUE Address: 187 BASS POINT ROAD Address: City-St-Zip: NAHANT, MA 01908 City-St-Zip: GRAPEVINE, TX 76051 Title: () Delete Title: ( ) Change (X) Addition Name: Name: HORTON, EVON Address: Address: 3400 WILLIAM D. TATE AVENUE City-St-Zip: City-St-Zip: GRAPEVINE, TX 76051 Title: () Delete Title: ( ) Change (X) Addition BRELAND, ROGER Name: Name: 3400 WILLIAM D. TATE AVENUE Address: Address: City-St-Zip: City-St-Zip: GRAPEVINE, TX 76051

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: ROBERT INELLO SD 10/28/2008