## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N0000001876

Entity Name: THE FAMILY OF GOD TABERNACLE INC.

FILED Nov 04, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1675 W BEACH PLUM DR CITRUS SPRINGS, FL 34434

**Current Mailing Address: New Mailing Address:** 

% J. UNDERWOOD 1675 W. BEACH PLUM DRIVE CITRUS SPRING, FL 34434

FEI Number: 80-0251567 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: Name and Address of New Registered Agent:

UNDERWOOD, JOSEPH B 1675 W. BEACH PLUM

CITRUS SPRINGS, FL 34434 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: JOSEPH UNDERWOOD

**OFFICERS AND DIRECTORS:** 

Date

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete UNDERWOOD, JOSEPH B UNDERWOOD, JOSEPH B Name: Name: 1675 W. BEACH PLUM DRIVE Address: 1675 W. BEACH PLUM DRIVE Address: City-St-Zip: CITRUS SPRINGS, FL 34434 City-St-Zip: CITRUS SPRINGS, FL 34434

(X) Change ( ) Addition Title: VSD () Delete Title: UNDERWOOD, PAMELA Name: Name: UNDERWOOD, PAMELA Address: 1675 W. BEACH PLUM DRIVE Address: 1675 W. BEACH PLUM DRIVE City-St-Zip: CITRUS SPRING, FL 34434 City-St-Zip: CITRUS SPRINGS, FL 34434

Title: () Delete Title: () Change () Addition

UNDERWOOD, BYRON Name: Name: 834 MAGNOLIA DRIVE Address: Address: City-St-Zip: LAKE PARK, FL 33403 City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

Name: UNDERWOOD, LASHANTA Name: 834 MAGNOLIA DRIVE Address: Address: City-St-Zip: LAKE PARK, FL 33403 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: JOSEPH UNDERWOOD **PRES** 11/04/2009