りりょう PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # NO 00 0 000 2 2 6 3 Corporation Name International Pentecostal City Mission Church of Ocala, Inc. Principal Office Address South Mexican Rel	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
Corporation Name Marrie May 15 A 3H483 The principal Office Address Poly Box Number is Not Acceptable) The principal Office Address Poly Box Number is Not Acceptable) The principal office Address Poly Box Number is Not Acceptable) To be address Poly Box Number is Not Acceptable) To be address in Printing To be	CORPORATION REINSTATEMENT	Katherine Harris Secretary of State	SECRETARY OF STATE DIVISION OF CORPORATIONS O4 MAY 26 AM 8:00	
International fentecastal City Mission Church of Ocala, Inc. Principal Office Address 1584 Mexicam Rel P.O. Box 831693 Jule, Apt. H. etc. 4. Date inforposed or Qualified Tools Debugged or Date Debugged or Ocale of Date Debugged or Date Debug	DOCUMENT # NO 00 00002	263	Of the Car	
Church of Ocala, Inc. Frincipal Office Address D. D. Box 831693 D.	Corporation Name Thternational Pointers	stal City Mission		
3. Mailing Office Address BS & H Mexicam Rol		TOC		
And the price of the above named corporation, am familiar with and accept the obligations of section 607,0505, F.S. Ignature of P.C. Box 8316, P.S. Island Signature of P.C. Box 8316, P.S. Box 8316, P.S		REINS	TATEMENT 03-04	
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To De Business in Florida " H-5-02 Applied For Street Address of Current Registered Agent Secretaria	· · · · · · · · · · · · · · · · · · ·	#, etc.	<u> </u>	
Country 12	City & State City & State	To Do Bu	siness in Florida # H-5-02	
Authority Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) South, Apt. #, Etc. Cocalea Islanta Street Address of Earch Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Officer and/or Directors Officer and/or Directors MAVIS METAVIANE P.O. Box 891693 Ocala, Fl 34483 D. Joseph T. Chance P.O. Box 891693 Ocala, Fl 34483 D. Alma Williams P.O. Box 891693 Ocala, Fl 34483 D. Alma Williams P.O. Box 891693 Ocala, Fl 34483 D. Alma Williams P.O. Box 891693 Ocala, Fl 34483 D. Alma Williams P.O. Box 891693 Ocala, Fl 34483 D. Alma Williams P.O. Box 891693 Ocala, Fl 34483		Country 65	1002335 Not Applicable	
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Street Address (P.O. Box Number is Not Acceptable) Stoel Address (P.O. Box Number is Not Acceptable) Stoel Agent Course Circle State Stat	7. Name and Address of Current Registered Agent			
Street Address (PO Box Number is Not Acceptable) SERVEY COURSE CITCLE State	$\mathbb{I} \setminus AA = AA(-1)$			
Suite, Apt. #, Etc. Cocalea FL 34472 I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Ignature of egistered Agent Work Scaleanle Recistrate Agent Must sign In Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Rev Philip Meaylane P.O. Box 831693 Ocala, Fl 34483 Thascelles Lammie P.O. Box 891693 Ocala, Fl 34483 Disseph T. Chance P.O. Box 891693 Ocala, Fl 34483 Disseph T. Chance P.O. Box 891693 Ocala, Fl 34483 Disseph T. Chance P.O. Box 891693 Ocala, Fl 34483 Disseph T. Chance P.O. Box 891693 Ocala, Fl 34483 Disseph T. Chance P.O. Box 891693 Ocala, Fl 34483	Street Address (P.O. Box Number is Not Acceptable)			
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Scale Scale FL 34472	Suite, Apt. #, Etc.	-	. 51 51555 501 WWG1.25	
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REGISTERED AGENT MUST SIGN In Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Off	I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	Registered Agent Mouris McParlane REGISTERED AGENT MUST SIGN			
Street Address of Each Officers and/or Directors Rev Philip MFaylane P.O. Box 831693 Ocala, Fl 34483 S MAVIS MFaylane P.O. Box 891693 Ocala, Fl 34483 T Lascelles Lammie P.O. Box 891693 Ocala, Fl 34483 D Joseph T. Chance P.O. Box 891693 Ocala, Fl 34483 D Alma Williams P.O. Box 891693 Ocala, Fl 34483	1.0001/0.000000000000000000000000000000			
S MAVIS M Farlane P.O. Box 891693 Ocala, M34483 T Lascelles Lammie P.O. Box 891693 Ocala, Fl 34483 D Joseph T. Chance P.O. Box 891693 Ocala, Fl 34483 D Alma Williams P.O. Box 891693 Ocala, Fl 34483 D Alma Williams P.O. Box 891693 Ocala, Fl 34483	Titles Name of	Street Address of Each		
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D Joseph T. Chance P.O. Box 891693 Ocala, Fl. 34483 D Alma Williams P.O. Box 891693 Ocala, Fl. 34483 O. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing	S MAVIS McFarlane	P.O. Box 891693	Ocala, H 34483	
D Joseph T. Chance P.O. Box 891693 Ocala, Fl. 34483 D Alma Williams P.O. Box 891693 Ocala, Fl. 34483 O. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing	T Lascelles Lammie	P.O. Box 891693	Ocala, F1 34483	
D Alma Williams P.O. Box 891693 Ocola, Fl 34483 On I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing	7 7 01	0.0.0	Ocala, Fl. 34483	
	A). 13'VI.	P.O. Box 891693	Ocala, F1 34483	

Rey PHILIP MCFOS ON RESIDENCE DATE DATE DATE Phone #

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

po on

International Pentecostal City Mission. Church of Ocala, Inc.

9584 Maricamp Road • P.O. Box 831693 • Ocala, FL 34483 • Church (352) 680-9498 • Pastor (352) 687-3606

Rev. Philip McFarlane
Pastor
Rev. Rholda Campbell
Pastor
Mavis McFarlane
Secretary
L. Lammie
Treasurer

Ref. # N000000022 63

In reference to your letter dated May 12th 2004 to the above name church we are writing this letter to let you know that we did not receive the uniform business report for 2004. The Corporation mailed a check anyway for sixty-one dollars and twenty-five cents (\$61.25) which was returned to us because it was mailed with the necessary document.

Pertaining to 2003 uniform business report payment, that payment was made, but was paid early in January, so that was where it got mixed up. Enclose please find a copy of cancelled check for 2003 payment.

Sincerely,

Rev. Philip/McFarlane