

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000005549

FILED
Dec 10, 2007
Secretary of State

Entity Name: HOUSE OF FAITH CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

2934 LOWELL AVE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

2934 LOWELL AVE
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3495878 **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:

ROBINSON, WILLIE F
6648 IVORY CREST WAY
JACKSONVILLE, FL 32244 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: WILLIE ROBINSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ROBINSON, WILLIE F
Address: 6648 IVORY CREST WAY
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: PALMER, JOANN
Address: 2650 GREEN ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD () Delete
Name: MCPHEE, AMOS
Address: 6034 HILLMAN DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: ROBERTS, MARCUS
Address: BURPEE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: HARRIS, MICHELLE
Address: 911 FOX CHAPEL LANE
City-St-Zip: JACKSONVILLE, FL 32221

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:

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: WILLIE ROBINSON

RA

12/10/2007

Electronic Signature of Signing Officer or Director

Date