2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

					,							
1. Entity Name	e LAND TE	# N000000055 EMPLE OF GOD CH		1 ,			06 OCT 13 TH 2: 3h					
Principal Place of Business 1501 EAST CROSS ST. PENSACOLA, FL 32503 Mailing Address 1501 EAST CROSS ST. PENSACOLA, FL 32503								11 111 21 111 11 111	 	: J: D: E E 18	A. Mari da Joda	
Principal Place of Business 3. Mailing Address												
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				091 PERENDE ATEROSTOS - 00						
City & State	•		City & State			4. FEI Number 59-370175	FEI Number Applied For 59-3701758 Not Applicab					
Zip	Country Zip				Cai	untry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
PITTS; IRENE 1501 EAST CROSS ST. PENSACOLA, FL 32503						Street Address (P.O. Box Number is Not Acceptable)						
						City			FL ²	ip Cod	- e	
8. 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. I am familiar with, and accept the obligations of registered agent.											and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithre required when reinstating) DATE												
		III FEE IS \$236.25 007, Fee will be \$297.5			ake check pay da Departmer							
10.		OFFICERS AND DIRE	CTORS		11.		ADDITIONS/CHANG	ES TO OFFICER	RS AND DIRECT	ORS IN	10	
	PV			☐ Delete	THTL	E		-		Change	Addition	
STREET ADDRESS						EET ADDRESS '-ST-ZIP		00210 3601069		95 *61.	25	
TITLE	T Delete TITLE					E				Change	Addition	
NAME STREET ADDRESS	JERRALDS, MARILYN 1851 GABLE RIDGE TURN #304 WOODBRIDGE, VA. 22191 OITY					eet address						
CITY-ST-ZIP		3JDGE, VA 22191			'-ST-ZIP							
TITLE NAME	S V	ON, DANIELLE M		☐ Delete	TITL NAM					Change	☐ Addition	
STREET ADDRESS	208 HAT	CHERS RUN COURT RD, VA 22554	DA	n D	STRE	EET ADORESS						
TITLE				☐ Delete	TITL	E				Change	Addition	
NAME STREET ADDRESS					NAM	IE EET ADDRESS						
CITY-ST-ZIP		····				-ST-ZIP						
TITLE NAME				Delete	TITU					Change	Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP						
TITLE				☐ Delete	TITL	1				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '- ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attackment with an address, with all oxigo in the corporation of the corporation or the receiver or trustee empowered.												
SIGNATI	,	Bishop dren	ENE	Pitts				/06 Date			. 1	
		SIGNATURE AND TYPED OR PRI	INTED NAM	E OF SIGNING OFFICER (OR DIREC	TOR		Date	Daytime	Phone #	-	

A. T. Supp	October 19, 2006
\mathcal{J}_o : \mathcal{J}	The Florida Department of State
	Oursion of Corporations (850) 245 6017
	Beulah Land Temple of God Church, Incorporated.
	# N000000 55 98 1501 East Craw Strut
	Pensacra 7la 32503 - (850) 435-8321
ma. S	nitchell.
Lan the a	enrual Report, that was sent out in may
<i>V </i>	
Pay	ther, did I receive a second notice. am asking to Please, dismissed from ing a reinstatement fee, as I did not
tue	wed the notice
	Respectfully Submitted Irene E. Pitts, Pastor / Foun
	<u> </u>