2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0000005704

FILED Jul 27, 2006 Secretary of State

Entity Name: TRUE PENTECOSTAL ASSEMBLIES WORLD WIDE, INC.

Current Principal Place of Business:		New Principal Place of Business:	
1009 S. FIS ROCKLED	SKE BLVD. GE, FL 32955		
Current Mailing Address:		New Mailing Address:	
1009 S. FISKE BLVD. ROCKLEDGE, FL 32955			
	e with s. 607.193(2)(b), F.S., the corporation did not receive	-	e.
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
JONES, SY 808 TOPAZ ROCKLED			
The above in the State	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATUR	RE: SYLVESTER JONES		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T () Delete WIGGINS, OLA M SHADOW CT RALEIGH, NC	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete JONES, JOYCE D 808 TOPAZ DR ROCKLEDGE, FL 32955	Title: Name: Address: City-St-Zip:	D (X) Change () Addition JONES, JOYCE D 1009 S. FISKE BLVD ROCKLEDGE, FL 32955
Title: Name: Address: City-St-Zip:	D () Delete SHAFFER, BERNICE 1520 COUNTRY CLUB DR TITUSVILLE, FL	Title: Name: Address: City-St-Zip:	D (X) Change () Addition JONES, JUSTIN 1009 S. FISKE ROCKLEDGE, FL 32955
Title: Name: Address: City-St-Zip:	D () Delete BRYANT, RAYMOND J 814 PINE SHADOW AVE ROCKLEDGE, FL 32955	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete BRYANT, VICKIE 814 PINE SHADOW AVE ROCKLEDGE, FL 32955	Title: Name: Address: City-St-Zip:	D (X) Change () Addition JONES, LAMAR 1009 S. FISKE BLVD ROCKLEDGE, FL 32955
Title: Name: Address: City-St-Zip:	D () Delete BAILEY, SADIE 1009 S FISKE BLVD ROCKLEDGE, FL 32955	Title: Name: Address: City-St-Zip:	()Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: SYLVESTER JONES RA 07/27/2006