
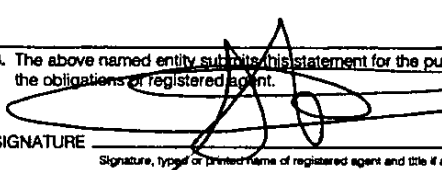
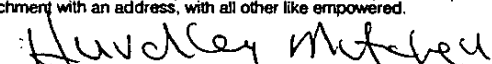


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 21 AM 11:35



<b>DOCUMENT # N02000000363</b>					
1. Entity Name <b>FIRST HOLINESS CHURCH OF THE LIVING GOD, INC. NO.3</b>					
Principal Place of Business <b>505 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411</b>			Mailing Address <b>P.O. BOX 210425 WEST PALM BEACH, FL 33421</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>04-3601441</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROBINSON, AUBIN W 505 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			Zip Code		
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.					
SIGNATURE  DATE <b>11/8/05</b>					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!! FEE IS \$81.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, HURDLEY		NAME	(CORRECTION)	
STREET ADDRESS	3243 RIDGEWOOD CIRCLE		STREET ADDRESS	2243 RIDGEWOOD CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITMORE, GEORGE		NAME	900061606359	
STREET ADDRESS	1416 LAKE BRETT DR		STREET ADDRESS	11/21/05--01045--015 **\$1.25	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARPER, DONNA		NAME	2272	
STREET ADDRESS	2650 WINDWOOD WAY		STREET ADDRESS	RIDGEWOOD CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, SHARON		NAME	900061606359	
STREET ADDRESS	2243 RIDGEWOOD CIRCLE		STREET ADDRESS	11/21/05--01045--016 **\$8.75	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, MARCIA		NAME		
STREET ADDRESS	2951 FONTANA PLACE		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITMORE, LIONEL		NAME	LIONEL WHITEHALL CORRECTION	
STREET ADDRESS	152 VALENCIA STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.					
SIGNATURE:  DATE: <b>11/4/05</b> DAYTIME PHONE: <b>561-253-4492</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

11/23  
aw