

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000001981

1. Entity Name
HOUSE OF GOD BY FAITH PENTACOSTAL CHURCH INC



FILED
09 JUN 25 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1941 SUNSET PLACE
FT MYERS, FL 33901

Mailing Address
1941 SUNSET PLACE
FT MYERS, FL 33901

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country



REINSTATEMENT 08-09
05042009 REIN-NP CR2E090110X

6. Name and Address of Current Registered Agent

ANTOINE, ERNST
1941 SUNSET PLACE
FT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMON, JOREL	
STREET ADDRESS	2730 CHIPLEY AVE	
CITY-ST-ZIP	NORTH PORT, FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTOINE, MARIE J	
STREET ADDRESS	2205 SOUTH STREET	
CITY-ST-ZIP	FT MYERS, FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GABRIEL, MARIE C	
STREET ADDRESS	5363 AMBROSE LANE	
CITY-ST-ZIP	PORT CHARLOTTE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DORVILUS, WILFRID C	
STREET ADDRESS	23332 OLEAN BLVD	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VEDRINE, CHRISTINE	
STREET ADDRESS	2033 MARA VILLA CIRLCE	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANTOINE, ERNST REV	
STREET ADDRESS	1350 HAZELTON AVE	
CITY-ST-ZIP	NORTH PORT, FL 34286	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director / Treasury	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean MUKAT GUSTAVE	
STREET ADDRESS	1392 MOSAIC ST North Port FL	
CITY-ST-ZIP	34288	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IL megene GUSTAVE	
STREET ADDRESS	1963 MARIPOSA LN	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAINT Jean Osman	
STREET ADDRESS	8540 ATTALLA AV North Port	
CITY-ST-ZIP	FL 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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 attachment with an address, with all other like empowered.

SIGNATURE: Ernst Antoine 941-6233956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 941-8794399