2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N02000006245

Entity Name: INDEPENDENT PENTECOSTAL CHURCH, INC.

Current Principal Place of Business:

4827 N FAIRWAY DR
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

4827 N FAIRWAY DR
PUNTA GORDA, FL 33950

New Mailing Address:

7519 PASPALUM
PUNTA GORDA, FL 33955

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIPARULO, DAVID J
1561 LOGSDON ST
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

SURGEON, DELORIS
7519 PASPALUM
PUNTA GORDA, FL 33955 US

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: DELORIS SURGEON 04/12/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SURGEON, DELORIS
Address: 12563 EASHA BLVD
City-St-Zip: PUNTA GORDA, FL 33955

Title: D ( ) Delete
Name: POSSA, JORGE PASTOR
Address: 2455 PELLAM BLVD
City-St-Zip: PUNTA GORDA, FL 33948

Title: D ( ) Delete
Name: CROY, DIANA
Address: 7524 GEWANT BLVD
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SURGEON, DELORIS
Address: 7519 PASPALUM
City-St-Zip: PUNTA GORDA, FL 33955

Title: D (X) Change ( ) Addition
Name: POGGI, JORGE PASTOR
Address: 7519 PASPALUM
City-St-Zip: PUNTA GORDA, FL 33948

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DELORIS SURGEON D 04/12/2006
Electronic Signature of Signing Officer or Director Date