

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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7
TEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

MENT # N02000009117

n Name

M COME TRUE CHURCH, INC.

Place of Business

Mailing Address

OTH ST

505 NW 130TH ST
MIAMI FL 33150

ove addresses are incorrect in any way, line through incorrect information and enter correction below.

ew Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/2002

te, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	WOODARD, ANTOINETTE	505 NW 130TH ST	MIAMI FL 33150
DS	TAYLOR, SYLVIA	505 NW 130TH ST	MIAMI FL 33150
DT	KEMPOR, CHARLES	505 NW 130TH ST	MIAMI FL 33150
D	SPEIGHT, CARL	505 NW 130TH ST	MIAMI FL 33150
D	BURNS, LARRY	505 NW 130TH ST	MIAMI FL 33150

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOODARD, RUFUS

505 NW 130TH ST

MIAMI FL 33150

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Rufus Woodard
REGISTERED AGENT MUST SIGN

Date

12/15/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Antoinette Woodard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/03
Date

786 853-2341
Daytime Phone #

FILED

04 MAR 16 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04



10/30/03 01055 610 61.25

CR2E040 (7/03)

December 15, 2003

To Whom It May Concern:

I'm writing this letter to say that our Church. A Dream Come
True Church, Inc. Did not receive our 2003 annual business
Report. I am asking for my fees to be waived for reinstatement. I
also sent my check in October for \$61.25 and it was cashed. So
the remaining balance is what we are asking to be waived. Thank
for your Cooperation.

Sincerely,

Rufus Woodard
Registered Agent