2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000004345

FILED Oct 16, 2006 Secretary of State

Entity Name: MT. CALVARY CHURCH OF GOD IN CHRIST RESTORATION MINISTRIES, INC.

Current Pi	rincipal Place of Business:	New Principal Place of Business:
2825 ASH P.O. BOX 4 MIMS, FL		2813 ASH TERRACE P.O. BOX 499 MIMS, FL 32754
Current M	ailing Address:	New Mailing Address:
2825 ASH P.O. BOX 4 MIMS, FL		2813 ASH TERRACE P.O. BOX 499 MIMS, FL 32754
	55-0837654 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did n	FEI Number Not Applicable () Certificate of Status Desired ()
	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	GARY L SR. TERRACE 32754 US	SALTER, TAMMY R 2813 ASH TERRACE MIMS, FL 32754 US
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE: TAMMY R SALTER	10/16/2006
	Electronic Signature of Registered Ag	ent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD () Delete SALTER, GARY L SR. 4300 LANTERN DRIVE TITUSVILLE, FL 32796	Title: PD (X) Change () Addition Name: SALTER, GARY L SR. Address: 580 N CARPENTER RD City-St-Zip: TITUSVILLE, FL 32796
Title: Name: Address: City-St-Zip:	VD () Delete SALTER, GENEVIEVE L 4300 LANTERN DRIVE TITUSVILLE, FL 32796	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD () Delete WOODS, LILLIAN G PO BOX 728 MIMS, FL 32754	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD () Delete SALTER, TAMMY 955 GRANT RD TITUSVILLE, FL 32780	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	() Delete	Title: VD () Change (X) Addition Name: SALTER, GEREMY L Address: 580 N CARPENTER RD City-St-Zip: TITUSVILLE, FL 32796

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: TAMMY R SALTER TD 10/16/2006