# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000009726

1. Entity Name
BLESS SILOE PENTECOSTAL CHURCH, INC.

FILED
06 OCT -9 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 307 BASS STREET<br>KISSIMMEE, FL 34741 | 307 BASS STREET<br>KISSIMMEE, FL 34741 |

100520066 REIN-NP CR2E099 (11/05) 06

| 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
57-1182623
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75.** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FLORES, JOSE REV.
14660 EAGLE CROSSINGS DRIVE
ORLANDO, FL 32837

**7. Name and Address of New Registered Agent**

Name Christine Gathers
Street Address (P.O. Box Number is Not Acceptable)
1600 Kendrick Drive Apt. C
City Kissimmee FL Zip Code 34741

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 Christine Gathers Christine Gathers Trustee 10/5/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $61.25**
**After January 1, 2007, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>FLORES, JOSE REV.<br>14660 EAGLE CROSSINGS DR.<br>ORLANDO, FL 32837 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>500080640785<br>10/09/06--01052--010 **70.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>FLORES, GILDA TRUSTEE<br>14660 EAGLE CROSSINGS DR.<br>ORLANDO, FL 32837 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>GATHERS, CHRISTINE TRUSTEE<br>1600 KENDRICK DRIVE APT. C<br>KISSIMMEE, FL 34741 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JP 10/12 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PAREDES, BETSY OFFICER<br>1325 EL DORADO DR. APT B<br>KISSIMMEE, FL 34741 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>YORRO, ABDELISSE OFFICER<br>1440 EL DORADO DR. APT A<br>KISSIMMEE, FL 34741 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Magaly, Roldan Officer<br>2433-4 Barley Club Drive<br>Orlando, FL 32837 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TORRES, RIGOBERTO OFFICER<br>1447 EL DORADO DR. APT B<br>KISSIMMEE, FL 34741 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Christine Gathers Christine Gathers 10/5/06 407-288-5721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #