

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002642

1. Entity Name
FAITH TEMPLE CHURCH OF GOD IN CHRIST OF THE UNITED STATES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 27 PM 5:21

REINSTATEMENT 05-06

Principal Place of Business
~~5005 BARNA AVENUE~~
~~TITUSVILLE, FL 32780~~

Mailing Address
~~5005 BARNA AVENUE~~
~~TITUSVILLE, FL 32780~~



2. Principal Place of Business
1660 S. DeLeon

3. Mailing Address
4345 Westlake Dr.

Suite, Apt. #, etc.
Titusville, FL

Suite, Apt. #, etc.
Titusville, FL

City & State
Titusville, FL

City & State
Titusville, FL

12212005 REIN-NP CR2E099 (6/04)

Zip
32780

Country
USA

Zip
32780

Country
USA

4. FEI Number
20-0892109

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WILLIE B
4345 WESTLAKE DRIVE
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name
WILLIE JOHNSON

Street Address (P.O. Box Number is Not Acceptable)
4345 Westlake Drive

City
Titusville

FL

Zip Code
32780

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
WILLIE JOHNSON

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

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 JOHNSON, WILLIE B 4345 WESTLAKE DR. TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, STANLEY 1660 DELEON AVE. TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500065192895 02/06/06--01013--014 **297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, LONNIE 7270 GRISSOM PARKWAY PORT ST. JOHN, FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: WILLIE JOHNSON WILLIE B 1-20-06 321-264-537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #