## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000002917

Entity Name: ABIDING GLORY CATHEDRAL, INC.

FILED Dec 15, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6118 SCHOOL HOUSE CT 17633 GUNN HWY

WESLEY CHAPEL, FL 33544 #167

ODESSA, FL 33554

**Current Mailing Address: New Mailing Address:** 

17633 GUNN HWY 6118 SCHOOL HOUSE CT WESLEY CHAPEL, FL 33544 #167

ODESSA, FL 33556

FEI Number: 20-0903175 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUINN, WALLACE W QUINN, WALLACE W 6118 SCHOOL HOUSE CT 17633 GUNN HWY

WESLEY CHAPEL, FL 33544 US #167 ODESSA, FL 33556 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: WALLACE W. QUINN 12/15/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete QUINN, WALLACE W QUINN, WALLACE W Name: Name: 9501 FIELDVIEW CIR Address: 17633 GUNN HWY, #1677 Address:

City-St-Zip: THONOTOSASSA, FL 33592 City-St-Zip: ODESSA, FL 33556 Title: VD ( ) Delete Title: (X) Change ( ) Addition

Name: HOWELL, KEVIN Name: MOORE, RICHARD Address: 19302 GUNN HWY Address: 17633 GUNN HWY, #167 City-St-Zip: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556

Title: () Delete Title: (X) Change ( ) Addition WOODALL, G. LYNN WOODALL, G. LYNN Name: Name:

6118 SCHOOL HOUSE CT 17633 GUNN HWY, #167 Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33544 City-St-Zip: ODESSA, FL 33556

Title: (X) Delete Title: () Change () Addition

PARKER, D L REV. Name: Name: Address: **ROUTE 7** Address: City-St-Zip: REEDSVILLE, OH 45772 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: G. LYNN WOODALL STD 12/15/2005