2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004812

Entity Name: PENTECOSTAL TABERNACLE MINISTRIES, INC.

FILED Oct 05, 2006 Secretary of State

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

13341 RAILROAD STREET
LIVE OAK, FL 32060

13359 RAILROAD STREET
LIVE OAK, FL 32060

LIVE OAK, FL 32060

Current Mailing Address: New Mailing Address:

13341 RAILROAD STREET
LIVE OAK, FL 32060

13359 RAILROAD STREET
LIVE OAK, FL 32060

LIVE OAK, FL 32060

FEI Number: 14-1913758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WILSON, DARIN N
13341 RAILROAD STREET
LIVE OAK, FL 32060 US
WILSON, DARIN N
13359 RAILROAD STREET
LIVE OAK, FL 32060 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: DARIN N WILSON 10/05/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: WILSON, DARIN N Name: WILSON, DARIN N

 Address:
 13341 RAILROAD STREET
 Address:
 13359 RAILROAD STREET

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:
 LIVE OAK, FL 32060

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

 Name:
 WILSON, DELAINA M
 Name:
 WILSON, DELAINA M

 Address:
 13341 RAILROAD STREET
 Address:
 13359 RAILROAD STREET

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:
 LIVE OAK, FL 32060

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

 Name:
 WILSON, LEONARD N
 Name:
 WILSON, LEONARD N

 Address:
 13341 RAILROAD STREET
 Address:
 13359 RAILROAD STREET

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:
 LIVE OAK, FL 32060

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: DARIN N WILSON D 10/05/2006