2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005402

FILED Mar 10, 2006 Secretary of State

Entity Nar	me: EXCELSIOR TABERNACLE	E CHURCH, INC.		
Current P	rincipal Place of Business:	New Prin	cipal Place of Business:	
	CROIX CT), FL 32835			
Current Mailing Address:		New Mai	New Mailing Address:	
	CROIX CT D, FL 32835			
In accordan	: 38-3605027 FEI Number Applic ce with s. 607.193(2)(b), F.S., the corp	poration did not receive the prior not	ice.	
Name and	Address of Current Registere	d Agent: Name an	d Address of New Registered Agent:	
929 SAINT	I, ZACHARY T III CROIX CT D, FL 32835 US			
	named entity submits this staten e of Florida.	nent for the purpose of changing	its registered office or registered agent, or both,	
SIGNATUF	RE: ZACHARY T. HOLSTON III			
	Electronic Signature of Re	gistered Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	FP () Delete	Title:	() Change () Addition	
Name:	HOLSTON, ZACHARY T	Name:	()	
Address:	929 SAINT CROIX CT	Address:		
City-St-Zip:	ORLANDO, FL 32835	City-St-Zip:		
Title:	FP () Delete	Title:	() Change () Addition	
Name:	HOLSTON, YACHECIA T	Name:	() 3- ()	
Address:	929 SAINT CROIX CT	Address:		
City-St-Zip:	ORLANDO, FL 32835	City-St-Zip:		
Title:	BM () Delete	Title:	() Change () Addition	
Name:	CURRY, JAMES E JR	Name:	() Sharigo () / Addition	
Address:	446 HOLBROOK	Address:		
City-St-Zip:	DETROIT, MI 48202	City-St-Zip:		
Title:	BM () Delete	Title:	() Change () Addition	
Name:	JAMES, CLORETHA	Name:	()Change ()Addition	
Address:	820 S PARK AVE	Address:		
City-St-Zip:	WINTER PARK, FL 34787	City-St-Zip:		
Title	DM () D-1-4-	T:41	DM (V) Change () Addition	
Title:	BM () Delete	Title:	BM (X) Change () Addition	
Name: Address:	JAMES, NORMAN 820 S PARK AVE	Name: Address:	FORCER, CHICQUITA 9806 CHORLTON CIRCLE	
Address: City-St-Zip:	WINTER GARDEN, FL 34787	City-St-Zip:	ORLANDO, FL 32832	
only of zip.	VIIII ON ROLIN, I'L OTTO	Oity-0t-21p.	3.12.4400, 1 E 02002	

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: ZACHARY T. HOLSTON III FP 03/10/2006