


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000006187		
1. Entity Name CHURCH OF THE GREAT COMMISSION, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 PM 2:41

Principal Place of Business 12025 LAKE CYPRESS CIRCLE ORLANDO, FL 32828	Mailing Address 12025 LAKE CYPRESS CIRCLE ORLANDO, FL 32828
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REINSTATEMENT 05-06



2. Principal Place of Business 2215 Wembley Pl Suite, Apt. #, etc. Oviedo, FL.	3. Mailing Address P.O. Box 780609 Suite, Apt. #, etc.
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06052006 REIN-NP CR2E099 (11/05)

City & State ORLANDO, FL.	City & State ORLANDO, FL.
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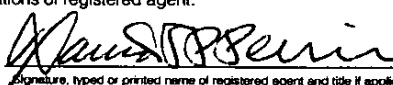
4. FEI Number 71 0968 788	Applied For <input type="checkbox"/> Not Applicable
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Zip 32765	Country seminole	Zip 32878	Country ORANGE
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERRIN, DAVID 12025 LAKE CYPRESS CIRCLE ORLANDO, FL 32828	
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7. Name and Address of New Registered Agent Name DAVID T.P. PERRIN Street Address (P.O. Box Number is Not Acceptable) 2215 Wembley Pl City Oviedo, FL. FL Zip Code 32765	
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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:  06/05/06 (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, DAVID 12025 LAKE CYPRESS CIRCLE ORLANDO, FL 32828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, ALLETHIA Y 12025 LAKE CYPRESS CIRCLE ORLANDO, FL 32828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, REGINALD 940 BRINTELL STREET PITTSBURG, PA 15201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, CARLA 3707 ELMCREST LANE BOWIE, MD 20716 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2215 Wembley Pl Oviedo, FL. 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2215 Wembley Pl Oviedo, FL. 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 380 Augustine Court Oviedo, FL. 32765
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"/> Change <input type="checkbox"/> 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.	
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SIGNATURE:  06/05/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 06/21/06--01017--024 *131.15	Daytime Phone #
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