

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000006915

1. Entity Name  
FAITH TEMPLE GOD'S CHURCH OF ETERNAL LIFE, INC.



Principal Place of Business  
1635 E 21ST ST  
JACKSONVILLE, FL 32206

Mailing Address  
1635 E 21ST ST  
JACKSONVILLE, FL 32206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192006 REIN-NP CR2E099 (11/05)

4. FEI Number  
55-0875963

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARRING, AMOS  
1635 E 21ST ST  
JACKSONVILLE, FL 32206

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2007, Fee will be \$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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE F  
NAME DARRINO, BISHOP AMOS  
STREET ADDRESS 2131 WEST 44TH STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MT  
NAME DARRING, ANTHONY  
STREET ADDRESS 2131 WEST 44TH STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MT  
NAME DUNN, LUCILE T.  
STREET ADDRESS 1615 E. 24TH STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MT  
NAME COX, JOYCE  
STREET ADDRESS 3331 CAPITOLA STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Bishop Amos Darring*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/06  
Date

(904) 768-1125  
Daytime Phone #

FILED  
06 OCT 23 AM 11:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

