## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000004476

FILED Oct 31, 2006 Secretary of State

Entity Name: INTERNATIONAL ASSEMBLY OF GOD CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 2809 GLEASON PARKWAY CAPE CORAL, FL 33914 **Current Mailing Address: New Mailing Address:** 2809 GLEASON PARKWAY CAPE CORAL, FL 33914 FEI Number: 20-2769448 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: TAX HOUSE CORPORATION 11601 S CLEVELAND AVE SUITE 6 FT MYERS, FL 33907 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: TAX HOUSE CORPORATION Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MEDEIROS, LUIZ C Name: Name: 2809 GLEASON PARKWAY Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: ( ) Delete Title: SD (X) Change ( ) Addition Name: MACEDO, HERMES Name: MEDEIROS, ZILA FREITAS Address: 2809 GLEASON PARKWAY Address: 2809 GLEASON PARKWAY City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33914 Title: (X) Delete Title: () Change () Addition MEDEIROS, ZILA FREITAS Name: Name: Address: 2809 GLEASON PARKWAY Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip:

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: LUIZ C MEDEIROS PD 10/31/2006