


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000004661		
1. Entity Name TABERNACLE OF THE GRACE CHURCH OF GOD, INC.		

Principal Place of Business 176 S.W. 4TH ST HOMEDSTEAD, FL 33030	Address 176 S.W. 4TH ST HOMEDSTEAD, FL 33030
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04282007 REIN-NP CR2E099 (1/07)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JEAN, MERCIDIEU ✓ 1867 N.W. 9TH AVE. HOMESTEAD, FL 33030	

7. Name and Address of New Registered Agent	
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 \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, MERCIDIEU PASTOR	NAME	
STREET ADDRESS	1867 N.W. 9TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	HOMEDSTEAD, FL 33030	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, WILTAMISE	NAME	
STREET ADDRESS	1867 N.W. 9TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	HOMEDSTEAD, FL 33030	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, MARY D	NAME	
STREET ADDRESS	1867 N.W. 9TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	HOMEDSTEAD, FL 33030	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BRENDA A	NAME	
STREET ADDRESS	13900 S.W. 268TH ST. #107	STREET ADDRESS	
CITY-ST-ZIP	NARANJA, FL 33032	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Jean Mercidieu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

FILED

2007 MAY 11 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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