

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009152

FILED  
Jun 30, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL KINGDOM OF GOD EMBASSY, INC

**Current Principal Place of Business:**

1050 VICTORY LANE DR  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

1050 VICTORY LANE DR  
JACKSONVILLE, FL 32221

**New Mailing Address:**

**FEI Number:** 16-1739685      **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:**

KYLE, ELAINE S  
1050 VICTORY LANE DR  
JACKSONVILLE, FL 32221      US

**Name and Address of New Registered Agent:**

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: ELAINE S KYLE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: KYLE, ELAINE S  
Address: 1050 VICTORY LANE DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: V      ( ) Delete  
Name: HENTON, LORETTA  
Address: 1925 N JACKSON STREET  
City-St-Zip: WAUKEGAN, IL 60087

Title: V      ( ) Delete  
Name: LINZIE, CARRIE  
Address: 2918 STANTON ST APT D  
City-St-Zip: BERKELEY, CA 94702

Title: DP      ( ) Delete  
Name: LACEY, MARY  
Address: 318 SHERIDIAN RD  
City-St-Zip: WAUKEGAN, IL 60085

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ELAINE S. KYLE

Electronic Signature of Signing Officer or Director

PRES

06/30/2009

Date