

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUN 26 AM 9:36

SECRETARY OF STATE
5/29/07 01053 009 43-75
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DOCUMENT # N05000010307

1. Entity Name
GOD'S HOUSE OF DESTIN INC.

Principal Place of Business
**741 BAYOU DR
DESTIN, FL 32541**

Mailing Address
**741 BAYOU DR
DESTIN, FL 32541**

2. Principal Place of Business - No P.O. Box #
NICEVILLE HIGH SCHOOL

3. Mailing Address
God's House

Suite, Apt. #, etc.
JOHN SIMS PKWY

Suite, Apt. #, etc.
P.O. Box 775

City & State
NICEVILLE FL

City & State
Niceville FL

Zip
32578

Country
OKALOOSA

Zip
32588

Country
OKALOOSA

4. FEI Number
27-0145431

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**DUFRENE, MARK A
741 BAYOU DR
DESTIN, FL 32541**

7. Name and Address of New Registered Agent
Name
Steven Gilliland
Street Address (P.O. Box Number is Not Acceptable)
407 SOUTH SHORE DR.
City
Destin FL Zip Code
32550

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 **6/22/07**
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUFRENE, MARK A 741 BAYOU DR DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVEN J. GILLILAND 407 SOUTH SHORE DR DESTIN FL 32550 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUFRENE, DIANNA B 741 BAYOU DR DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADRIENNE H. GILLILAND 407 SOUTH SHORE DR DESTIN FL 32550 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

SIGNATURE: **6/22/07**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

6/27/07