

105200010307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

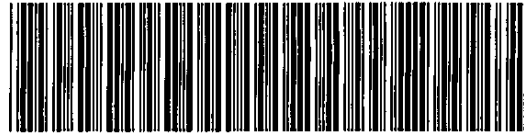
(Business Entity Name)

(Document Number)

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05/29/07--01953--009 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 JUN 27 AM 9:52

PS 7/9/07
NE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2007

ADRIENNE H GILILAND
GOD'S HOUSE OF DESTIN INC.
407 SOUTH SHORE DR
DESTIN, FL 32550

SUBJECT: GOD'S HOUSE OF DESTIN INC.
Ref. Number: N05000010307

We have received your document for GOD'S HOUSE OF DESTIN INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2006 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

The fee to reinstate the corporation is \$122.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 207A00038110

Please find a copy of the 2006 NOT for profit Corp Annual report filed by the previous pastor. Please issue documents to the new address.

Thank you.
Adrienne Gilliland

RECEIVED
07 JUN 11 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: God's House of Destin, Inc.

DOCUMENT NUMBER: N 05000010307

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adrienne H. Gilliland

(Name of Contact Person)

God's House of Destin, Inc.

(Firm/ Company)

407 South Shore Dr.

(Address)

Destin, FL 32550

(City/ State and Zip Code)

For further information concerning this matter, please call:

Adrienne Gilliland

(Name of Contact Person)

at (985) 966-3644

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2007 JUN 27 AM 9:52

(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

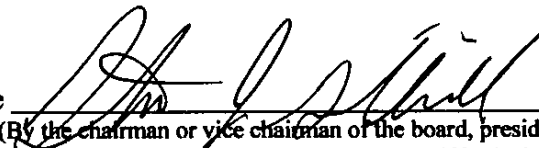
The date of adoption of the amendment(s) was: 5/1/07

Effective date if applicable: 6/1/07
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Steven J. Gilliland

(Typed or printed name of person signing)

PASTOR / PRESIDENT

(Title of person signing)

FILING FEE: \$35