

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07534

**FILED**  
**Oct 27, 2004**  
**Secretary of State****Entity Name:** THE MISSIONARY DIRECTIONAL MISSION CHURCH OF GOD, INC.**Current Principal Place of Business:**6209 MEADOWVIEW CIRCLE  
FT. MYERS, FL 33916 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 7082  
FORT MYERS, FL 33911 US**New Mailing Address:****FEI Number:** 59-2490339 **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:**CUNNINGHAM, CORNELL  
6209 MEADOWVIEW CIRCLE  
FT. MYERS, FL 33916 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** CUNNINGHAM, CORNELL,  
**Address:** 2929 WINKLER AVE., #1007  
**City-St-Zip:** FT. MYERS, FL 33916 US**Title:** D ( ) Delete  
**Name:** SMITH, DERRON  
**Address:** 5180 16TH PLACE SW  
**City-St-Zip:** NAPLES, FL 34116 US**Title:** VD ( ) Delete  
**Name:** CUNNINGHAM, WILLIE M  
**Address:** 6209 MEADOWVIEW CIR  
**City-St-Zip:** FORT MYERS, FL 33916**Title:** ASD ( ) Delete  
**Name:** HARVEY, VANESSA  
**Address:** 164 OSPREYS LANDINGS CIR #607  
**City-St-Zip:** NAPLES, FL 34104**Title:** D ( ) Delete  
**Name:** JOHNSON, SHATONKA  
**Address:** 5186 16TH PLACE SW  
**City-St-Zip:** NAPLES, FL 34116**Title:** D ( ) Delete  
**Name:** HARVEY, DENISE  
**Address:** 164 OSPREYS LANDING CIR  
**City-St-Zip:** NAPLES, FL 34104**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:****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 for the exemption stated in Section 119.07(3)(i), 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: CORNELL CUNNINGHAM

PD

10/27/2004

Electronic Signature of Signing Officer or Director

Date