

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000003893

FILED  
Sep 28, 2009  
Secretary of State

Entity Name: WILDERNESS TABERNACLE, INC

## Current Principal Place of Business:

5310 LENOIR CT  
PLANT CITY, FL 33566 US

## New Principal Place of Business:

## Current Mailing Address:

5310 LENOIR CT  
PLANT CITY, FL 33566 US

## New Mailing Address:

FEI Number: 26-2461339      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:

EBY, VARGHESE  
5310 LENOIR CT  
PLANT CITY, FL 33566 US

## Name and Address of New Registered Agent:

VARGHESE, EBY  
5310 LENOIR CT  
PLANT CITY, FL 33566 US

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: EBY VARGHESE

09/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EBY, VARGHESE  
Address: 5310 LENOIR CT  
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete  
Name: HENRY, AUSTIN  
Address: 3135 GALLOWAY OAKS DR  
City-St-Zip: LAKELAND, FL 33810

Title: D ( ) Delete  
Name: DIAS, ABRAHAM  
Address: 11747 MANGO CROSS CT  
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete  
Name: JACOB, VARUGHESE  
Address: 1032 LEGENDS PASS DR  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VARGHESE, EBY  
Address: 5310 LENOIR CT  
City-St-Zip: PLANT CITY, FL 33566

Title: D (X) Change ( ) Addition  
Name: AUSTIN, HENRY  
Address: 3135 GALLOWAY OAKS DR  
City-St-Zip: LAKELAND, FL 33810

Title: D (X) Change ( ) Addition  
Name: ABRAHAM, DIAS  
Address: 11747 MANGO CROSS CT  
City-St-Zip: SEFFNER, FL 33584

Title: D (X) Change ( ) Addition  
Name: VARUGHESE, JACOB  
Address: 1032 LEGENDS PASS DR  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Change (X) Addition  
Name: MATHEW, GEORGE  
Address: 11809 PRICKLY PEAR WAY  
City-St-Zip: SEFFNER, FL 33584

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: EBY VARGHESE

P

09/28/2009

Electronic Signature of Signing Officer or Director

Date