2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED **DOCUMENT # N14594** EVANGELIST TEMPLE CHURCH OF GOD IN CHRIST INC. 09 APR 16 AM 11: 27 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 6920 NORTH PEARL ST 6920 NORTH PEARL ST JACKSONVILLE, FL 32209 JACKSONVILLE, FL 32209 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082009 REIN-NP CR2E099 (1/07) City & State City & State Applied For 4. FEI Numbe 59-2672862 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REED, CHARLES W. **4510 TRENTON DRIVE NORTH** Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32209 Zip Code 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. 600150716026 <u> 04/16/09--01048</u> SIGNATURE Signature, typed or printed name of registered agent and title if applicable Make check payable to In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 Florida Department of State corporation did not receive the prior notice. 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **⊠** Addition TITLE TITLE Channe Delete JONES, DOROTHY NAME NAME STREET ADDRESS 5435 MINOSA CT STREET ADDRESS CHY-ST-ZIE JACKSONVILLE, FL 32209 CITY-ST-ZIP S TITLE ☐ Delete TITLE Addition BELL, SHIRLEY NAME NAME STREET ADDRESS 5033 GRANN LLOYD DR STREET ADDRESS CITY-S1-7IP JACKSONVILLE, FL 32209 CITY-ST-ZIP TD TITLE Delete TITLE NAME PETERSON, CENTRAL NAME STREET ADDRESS 2654 WILKINS CT STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL CITY-ST-ZIP TITLE Delete TITI F **₩** Addition Burnett Mitchell PECK, MARCUS NAME NAME 5895 EllakeL KOAD STREET ADDRESS 7840 JEFF DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP .Florida 32208 TITLE Delete ☐ Addition REED, CHARLES W NAME NAME 4510 TRENTON DRIVE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32209 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.