

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 04, 2009  
Secretary of State**

DOCUMENT# N25788

Entity Name: TRINITY TEMPLE ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

9770 HOGAN RD  
JACKSONVILLE, FL 322456806 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16806  
JACKSONVILLE, FL 322456806 US

**New Mailing Address:**

PO BOX 16806  
JACKSONVILLE, FL 32245 US

FEI Number: 59-2885937      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

DYKES, AUBREY L  
11109 LANDS END LN.  
JACKSONVILLE, FL 32225 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: AUBREY L DYKES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DYKES, AUBREY L  
Address: 11109 LANDS END LN.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete  
Name: DONALDSON, GARY W  
Address: 3748 EVE DR.  
City-St-Zip: JACKSONVILLE, FL

Title: TD ( ) Delete  
Name: ISAAC, ERNEST JR  
Address: 1521 ROMNEY ST.  
City-St-Zip: JACKSONVILLE, FL 32211

**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:

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: AUBREY L DYKES

PD

11/04/2009

Electronic Signature of Signing Officer or Director

Date