

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N29776

FILED
Nov 02, 2004
Secretary of State**Entity Name:** THE ROYAL ASSEMBLY, KINGDOM OF ELOHIM, INC.**Current Principal Place of Business:**8267 NE 2ND AVE
MIAMI, FL 33138**New Principal Place of Business:****Current Mailing Address:**8267 NE 2ND AVE
MIAMI, FL 33138**New Mailing Address:****FEI Number:** 65-0892455 **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:**BARBARY, IRVING K PRESIDE
145 N.W. 206 TERR.
MIAMI, FL 33169 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:** P () Delete
Name: BARBARY, PASTOR IRVI, NG KEITH
Address: 145 N.W. 206 TERR
City-St-Zip: MIAMI, FL 33169**Title:** SD () Delete
Name: BARBARY, TONIA,
Address: 145 N.W. 206 TERR
City-St-Zip: MIAMI, FL 33169**Title:** D () Delete
Name: FRANCE, JUANITA,
Address: 2080 SHERMAN CT. N. APT. 205
City-St-Zip: MIAMI, FL 33025**Title:** CT () Delete
Name: FRANCE, MARCUS
Address: 6070 N.W. 194 TERR.
City-St-Zip: MIAMI, FL 33015**Title:** ATCT () Delete
Name: HARRIS, CLAYTON A
Address: 140 NW 206 TERR
City-St-Zip: MIAMI, FL 33169**Title:** VP () Delete
Name: WILSON, KIM
Address: 646 LEWTON ST. SW
City-St-Zip: ATLANTA, GA 30310**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: IRVING K BARBARY

DIRE

11/02/2004

Electronic Signature of Signing Officer or Director_____
Date