

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N39077

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Entity Name:** GOSPEL TABERNACLE OF PLANT CITY, FLORIDA, INC.

**Current Principal Place of Business:**

801 WILKINS AVENUE  
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 WILKINS AVENUE  
PLANT CITY, FL 33563 US

**New Mailing Address:**

**FEI Number:** 59-2918104      **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:**

CALLINS, RICHARD E  
1417 PINEY BRANCH CIR  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

HOLMES, PRISCILLA E  
801 WILKINS AVE  
PLANT CITY, FL 38563 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: PRISCILLA HOLMES

03/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: CALLINS, RICHARD PASTOR  
Address: 801 WILKINS AVE  
City-St-Zip: PLANT CITY, FL 38563

Title: VCD  
Name: HOLMES, ANTHONY ELDER  
Address: 1504 GOTHAM COURT  
City-St-Zip: PLANT CITY, FL 33563

Title: SD  
Name: HOLMES, PRISCILLA W  
Address: 1504 GOTHAM COURT  
City-St-Zip: PLANT CITY, FL 33563

Title: D  
Name: RUTH, JEFFERY DEACON  
Address: 1105 W MADISON ST  
City-St-Zip: PLANT CITY, FL 33563

Title: TD  
Name: FLUELLEN, CURTIS DEACON  
Address: 304 S FRANKLIN STREET  
City-St-Zip: PLANT CITY, FL 33563

Title: D  
Name: STEVENSON, SAMUEL E ELDER  
Address: 1008 S BROAD ST  
City-St-Zip: PLANT CITY, FL 33563

I hereby 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 all other like empowered.

SIGNATURE: PRISCILLA HOLMES

SD

03/05/2010

Electronic Signature of Signing Officer or Director

Date