PLEASE REAL	D ALL INSTRUCTIONS BEFOR	RE COMPLETING THIS FORM.
	FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS	15 MAY 12 PH 12: 51
DOCUMENT # N46735 1. Corporation Name		TALLARES AND ORIGANS.
THE NEW TESTAMENT BAPT FORT PIERCE, FLORIDA.	IST CHURCH OF AMERICA, INC	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	MAY 1 4 2015
812 North 7th Street	812 North 7th Street	L. SELLERS (11/10)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
B City & State	B City & State	To Do Business in Florida
Fort Pierce, Florida	Fort Pierce, Florida	5. FEI Number Applied For
ZIP Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
34950 St. Lucie	34950 St. Lucie	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
	s of Current Registered Agent	
Name Bishop Ronald E. Wrigh Street Address (P.O. Box Number is Not Accepta	t Sr. RE	IN STATEMENT 2014-2015
1211 Avenue G Suite, Apl. #, Etc.		
City Fort Pierce	State Zip Code FL 34950	05/12/1501038013- 77297.50
Signature of Registered Agent _ Ref	above napled corporation, am familiar with and accep	the obligations of section 607.0505 or 617.0503, F.S. $Date \frac{4/28}{2015}$
Titles Name of	Street Address of	Each City / State / Zin
Officers and/or Directo	rs Officer and/or Di	rector
PPF Bishop Ronald E. W	right Sr. 1211 Avenue G	Fort Pierce, F1. 34950
Dr. Frances Harris	1362 SW Broadvie	w Street Pt. St. Lucie 34983
S Kathy Robinson	4014 46th Street	Vero Beach, Florida 32967
D Josephine Malone	6001 Avenue M	Fort Pierce, Florida 34950
D Vera Smith	6150 45th Street	Vero Beach, Fl. 32967
D Raymond Gordon Jr.	1620 Timberlake	Dr. Fort Pierce, Fl. 34947
⁰ E-mail Address: ronwrightrevmth@hotmail.com		
(To be used for future annual report notification) 1. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617. F.S. I further certify that when filing this		
reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401. F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felow as provided for in s.817.155, F.S.		
SIGNATURE: Bishop Ronald E. Wright Sr. Sum / over E. Signature and Typed or PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR		