

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED


05 MAR 17 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

04-05

DOCUMENT # N46875					
1. Entity Name WOOTSON MEMORIAL CHURCH OF GOD IN CHRIST, INCORPORATED					
Principal Place of Business C/O EULLAS BRINSON 313 LARGOVISTA DR. OAKLAND, FL 34787 US			Mailing Address C/O EULLAS BRINSON 313 LARGOVISTA DR. OAKLAND, FL 34787 US		
2. Principal Place of Business Suite, Apt., #, etc.			3. Mailing Address Suite, Apt., #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3189260				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BRINSON, EULLAS JR. 937 RED DANDY DRIVE ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name <u>Brinson, Eullas Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>313 Largovista Dr.</u> <u>Oakland, Fla 34787</u> City <u>FL</u> 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.					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINSON, LUJEAN		NAME	Brinson, Lujan	
STREET ADDRESS	937 RED DANDY DRIVE		STREET ADDRESS	313 Largovista Dr.	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Oakland, Fla 34787	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, ROBERT		NAME		
STREET ADDRESS	144 TAFT ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, C. ALICE		NAME		
STREET ADDRESS	455 N. BEVERLY DR.,		STREET ADDRESS		
CITY-ST-ZIP	GROVELAND, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVIN SR, EDDIE L		NAME		
STREET ADDRESS	1244 PARKWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	GROVELAND, FL 34736		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 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 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.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					