

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N48023

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** WALDO GOSPEL TABERNACLE, INC.

**Current Principal Place of Business:**

HIGHWAY 301 SOUTH  
WALDO, FL 32694

**New Principal Place of Business:**

**Current Mailing Address:**

HWY 301 SOUTH PO BOX 208  
WALDO, FL 32694 US

**New Mailing Address:**

PO BOX 208  
WALDO, FL 32694 US

**FEI Number:** 59-2976279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, FORREST E.  
17417 NE 108TH PLAVE  
WALDO, FL 32694 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: FORREST E. MILLER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MILLER, FORREST E.  
Address: HWY. 301 S.  
City-St-Zip: WALDO, FL

Title: DV  
Name: MILLER, CLARA A.  
Address: HWY. 301 S.  
City-St-Zip: WALDO, FL

Title: DST  
Name: FICARA, KATRIENA L  
Address: HWY, 301 S.  
City-St-Zip: WALDO, FL

Title: DST  
Name: MILLER, FORREST E II  
Address: HWY 301 S.  
City-St-Zip: WALDO, FL

Title: DST  
Name: MILLER, JON M  
Address: HWY 301 S.  
City-St-Zip: WALDO, FL 32694

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: KATRIENA L. FICARA

DST

04/04/2011

Electronic Signature of Signing Officer or Director

Date