

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000001060

FILED
Jun 26, 2005
Secretary of State

Entity Name: LIVING FAITH BAPTIST CHURCH, INC.

Current Principal Place of Business:

7305 TWELVE OAKS BLVD
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

7305 TWELVE OAKS BLVD
TAMPA, FL 33634

New Mailing Address:

P.O. BOX 262664
TAMPA, FL 33685

FEI Number: 59-3242534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNIE, KEVIN A
7305 TWELVE OAKS BLVD
TAMPA, FL 33634 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: KEVIN A DENNIE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WILLIAMSON, DARRYL
Address: 6104 WEBB RD. #1704
City-St-Zip: TAMPA, FL 33615

Title: AT () Delete
Name: HAWKINS, HARVEY
Address: 6904 SUMMERBRIDGE DR.
City-St-Zip: TAMPA, FL 33634

Title: PD () Delete
Name: DENNIE, KEVIN A
Address: 7305 TWELVE OAKS BLVD
City-St-Zip: TAMPA, FL 33634

Title: T () Delete
Name: TOLLIVER, GREGORY L
Address: 15505 KINGSHILL PL
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WILLIAMSON, DARRYL
Address: 5207 N SEMINOLE AVE
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: TOLLIVER, GREGORY L
Address: 15505 KINGSMILL PL
City-St-Zip: ODESSA, FL 33556

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: GREGORY L TOLLIVER

Electronic Signature of Signing Officer or Director

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06/26/2005

Date