

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000002387

FILED
Oct 19, 2004
Secretary of State**Entity Name:** FAITH BIBLE MINISTRY OF TRINITY TRIUNE TABERNACLE, INCORPORATED**Current Principal Place of Business:**1011 S SANFORD AVE
SANFORD, FL 32771 US**New Principal Place of Business:****Current Mailing Address:**1011 S SANFORD AVE
SANFORD, FL 32771 US**New Mailing Address:****FEI Number:** 59-3390573 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:**JUNE, ELIJAH
1011 S SANFORD AVE
SANFORD, FL 32771 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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: JUNE, ELIJAH
Address: 1414 BENT OAKS BLVD.
City-St-Zip: DELAND, FL 32724**Title:** D () Delete
Name: JUNE, EDNA
Address: 1414 BENT OAKS BLVD.
City-St-Zip: DELAND, FL 3272**Title:** D () Delete
Name: EUDELL, JAMES
Address: 120 ANDERSON AVE
City-St-Zip: SANFORD, FL 32771**Title:** D () Delete
Name: CROWLEY, RILEY
Address: 2580 RIDGEWOOD AVE
City-St-Zip: SANFORD, FL 32771**Title:** D () Delete
Name: BRADSHAW, AUTHOR
Address: 802 BIG BUCK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: ELIJAH JUNE

D

10/19/2004

Electronic Signature of Signing Officer or Director_____
Date