

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 FEB -5 AM 11: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002576

1. Entity Name  
WHOLE TRUTH CHURCH OF GOD IN CHRIST OF  
BARTOW FLORIDA INC.



Principal Place of Business  
WHOLE TRUTH C061C  
1100 BRITTS LANE  
BARTOW, FL 33830 US

Mailing Address  
2326 TOWLES ST  
FT MYERS, FL 33916 US  
*1100 Britts Lane  
Bartow Fla - 33830*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10202006 REIN-NP CR2E099 (11/05)

City & State

City & State

4. FEI Number  
65-0774938

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUSE, EDER ARCHIE JR  
2326 TOWLES ST  
FT MYERS, FL 33916

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2007, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Delete  
NAME HOUSE, ELDER A JR  
STREET ADDRESS ~~2326 TOWLES ST~~ *3102 Lincoln Blvd*  
CITY-ST-ZIP FT MYERS, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME BESTER, CHINESTER  
STREET ADDRESS 2873-BAREOW PLACE  
CITY-ST-ZIP BARTOW, FL 33830

TITLE ☐ Change ☐ Addition  
NAME 200088287492  
STREET ADDRESS 02/14/07--01011--004 \*\*297.58  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME OLIVER, ROSE MAE  
STREET ADDRESS 2415 E GILLIONS ST  
CITY-ST-ZIP BARTOW, FL 33830

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME MYRICK, SANDRA L  
STREET ADDRESS 7232 THOMAS JEFFERSON CR, W  
CITY-ST-ZIP BARTOW, FL 33830

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Elder Archie Rowe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-30-07*