

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001800

FILED  
Dec 08, 2006  
Secretary of State

**Entity Name:** THE REMNANT CHURCH INTERNATIONAL TRUST, INC.

**Current Principal Place of Business:**

8305 RIVER OAKS CT.  
TAMPA, FL 33617

**New Principal Place of Business:**

9494 E MILLER  
TAMPA, FL 33617

**Current Mailing Address:**

P.O. BOX 75431  
TAMPA, FL 33675

**New Mailing Address:**

**FEI Number:** 59-3441812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOGGINS, YVON F  
904 MAYDELL CT.  
TAMPA, FL 33619 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: ALFONSO GALLON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GALLON, ALFONSO  
Address: 8305 RIVER OAKS  
City-St-Zip: TAMPA, FL 33617

Title: VPD (X) Delete  
Name: GALLON, TAMI  
Address: 8305 RIVER OAKS CT.  
City-St-Zip: TAMPA, FL 33617

Title: M ( ) Delete  
Name: GOGGINS, THEODIS  
Address: 8305 RIVER OAKS CT.  
City-St-Zip: TAMPA, FL 33617

Title: T ( ) Delete  
Name: MAGWOOD, ZAHRA  
Address: 8609 BRIAR HAVEN CT  
City-St-Zip: TAMPA, FL 33619

Title: M ( ) Delete  
Name: JENKINS, PHIL  
Address: 9242 HYALEAH RD.  
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete  
Name: GOGGINS, YVON F  
Address: 903 MAYDELL CT.  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: M (X) Change ( ) Addition  
Name: GOGGINS, THEODIS  
Address: 9494 E MILLER  
City-St-Zip: TAMPA, FL 33617

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

Title: ( ) Change ( ) Addition  
Name:  
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 Chapter 119, 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: ALFONSO GALLON

PD

12/08/2006

Electronic Signature of Signing Officer or Director

Date