

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000003219

**FILED**  
**Oct 19, 2006**  
**Secretary of State**

**Entity Name:** TABERNACLE OF GOD, CHURCH, INC.

**Current Principal Place of Business:**

500 GULF STREAM BLVD.  
110  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

5470 COLBRIGHT ROAD  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

**FEI Number:** 65-0759193      **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:**

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

VALCENA, PIERRE N  
5470 COLBRIGHT ROAD  
LAKE WORTH, FL 33467 US

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: PIERRE VALCENA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VALCENA, PIERRE N  
Address: 5470 COLBRIGHT ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP ( ) Delete  
Name: VALCENA, LAURETTE M  
Address: 5470 COLBRIGHT ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: SD ( ) Delete  
Name: VALCENA, VALMIRE L  
Address: 5470 COLBRIGHT ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: D ( ) Delete  
Name: SAINT, KIVENS  
Address: 5700 WEST ATLANTIC AVENUE, APT 103  
City-St-Zip: DELRAY BEACH, FL 33484 US

**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:  
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: PIERRE VALCENA

P

10/19/2006

Electronic Signature of Signing Officer or Director

Date