

**2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Feb 18, 2011  
Secretary of State**

DOCUMENT# N97000003233

Entity Name: FAITH IN HIS WORD FELLOWSHIP, INC.

**Current Principal Place of Business:**

P.O. BOX 19413  
WEST PALM BEACH, FL 33416

**New Principal Place of Business:**

924 CHERRY RD  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

P.O. BOX 19413  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

924 CHERRY RD  
WEST PALM BEACH, FL 33409

FEI Number: 65-0757990      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

DAILEY, TROY  
1027 ASPEN RD  
WEST PALM BEACH, FL 33409      US

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

DAILEY, TROY DR.  
924 CHERRY RD  
WEST PALM BEACH, FL 33409      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: DR. TROY DAILEY      02/18/2011  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: DAILEY, CAROL Y  
Address: 1027 ASPEN RD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DP  
Name: DAILEY, TROY S  
Address: 295 FORESTA TERR  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD  
Name: HETZEL, ROBIN  
Address: 1027 ASPEN RD  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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 all other like empowered.

SIGNATURE: TROY DAILEY      REV      02/18/2011  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date