

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N97000003303**

1. Entity Name  
**GOD'S HEALING HOLINESS CHRISTIAN CHURCH, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 15 PM 1:47

Principal Place of Business  
**1346 MALABAR ROAD SE  
UNIT A  
PALM BAY, FL 32907**

Mailing Address  
**1346 MALABAR ROAD SE  
UNIT A  
PALM BAY, FL 32907**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

11192008 REIN-NP CR2E099 (1/07)

City & State  
Zip Country

4. FEI Number  
**59-3459115**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BORLAND, PAULINE REV  
1346 MALABAR ROAD SOUTHEAST  
UNIT A  
PALM BAY, FL**

7. Name and Address of New Registered Agent  
Name **Borland, Pauline Rev.**  
Street Address (P.O. Box Number is Not Acceptable) **1690 Marie Street**  
City **Malabar** FL Zip Code **32950**

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 \$61.25  
After January 1, 2009, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D FLETCHER, PANSY MS 1346 MALABAR ROAD SE, UNIT A PALM BAY, FL 32907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BORLAND, PAULINE REV 1346 MALABAR ROAD SE, UNIT A PALM BAY, FL 32907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, DONALD 1346 MALABOR RD SE MELBOURNE, FL 32902	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fletcher, Pansy MS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1690 Marie Street Malabar, FL 32950 o/d	Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Borland, Pauline Rev. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1690 Marie Street Malabar, FL 32950 810	President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Wilson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1690 Marie Street Malabar, FL 32950 40	Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700138239467 11/24/08--01061--012 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE: **Rev. Pauline Borland** 11/19/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #