

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N97000003303

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1346 MALABAR ROAD SE  
UNIT A  
PALM BAY, FL 32907

**New Principal Place of Business:**

1690 MARIE STREET  
MALABAR, FL 32950

**Current Mailing Address:**

1346 MALABAR ROAD SE  
UNIT A  
PALM BAY, FL 32907

**New Mailing Address:**

1690 MARIE STREET  
MALABAR, FL 32950

**FEI Number:** 59-3459115      **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:**

BORLAND, PAULINE REV  
1690 MARIE STREET  
MALABAR, FL 32950      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:** REV. PAULINE BORLAND

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** SD  
**Name:** GRIFFIN, MANTIA MS  
**Address:** 1690 MARIE STREET  
**City-St-Zip:** MALABAR, FL 32950

**Title:** PD  
**Name:** BORLAND, PAULINE  
**Address:** 1690 MARIE STREET  
**City-St-Zip:** MALABAR, FL 32950

**Title:** TD  
**Name:** WILSON, PAUL  
**Address:** 1690 MARIE STREET  
**City-St-Zip:** MALABAR, FL 32950

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:** PAUL WILSON

TD

04/09/2010

Electronic Signature of Signing Officer or Director

Date