

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N97000004338**

1. Entity Name  
**KINGDOM OF GOD TABERNACLE HOLINESS CHURCH, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -2 AM 8:00

**REINSTATEMENT** 04



Principal Place of Business  
**PO BOX 1919  
GREEN COVE SPRINGS, FL 32043**

Mailing Address  
**PO BOX 1919  
GREEN COVE SPRINGS, FL 32043**

2. Principal Place of Business

3. Mailing Address

Suite/Apt./# Etc.

Suite/Apt./# Etc.

City & State

City & State

Zip

Country

Zip

Country

11182004 REIN:NP CH2E099(6/04) MRS

4. FEI Number  
**82-0560144**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRITTON, MILDRED J  
4095 PIER STATION RD E  
GREEN COVE SPRINGS, FL 32043**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 Pastor Mildred J. Britton Pastor Mildred J. Britton Nov 28, 2004

Signature, typed or printed name of registered agent, and the date (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$61.25  
After January 1, 2005, 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	PD	<input type="checkbox"/> Delete
NAME	BRITTON, MILDRED J	
STREET ADDRESS	4095 PIER STATION RD E	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRITTON, SPENCER	
STREET ADDRESS	4095 PIER STATION RD. E	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROLLINS, CLARA	
STREET ADDRESS	1124 NORTH ST	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARTIN, CORNELIA L	
STREET ADDRESS	1124 NORTH ST	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 all other like empowered.

SIGNATURE: Pastor Mildred J. Britton Nov 28, 04 904-284-1458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #