

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
05 OCT 10 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N97000005973</b>	
1. Entity Name ARCADIA FAMILY WORSHIP CENTER CHURCH OF GOD OF PROPHECY, INC.	



Principal Place of Business 4710 S.E. HIGHWAY 70 EAST ARCADIA, FL 34266	Mailing Address 4710 S.E. HIGHWAY 70 EAST ARCADIA, FL 34266
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10032005 REIN-NP CR2E099 (6/04)

4. FEI Number 65-0337717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BYRD, ROGER 2991 SE AIRPORT RD ARCADIA, FL 34266	

7. Name and Address of New Registered Agent	
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 <i>Roger D. Byrd</i> Signature, type or printed name of registered agent and title if applicable.	DATE <i>10-7-05</i> DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYRD, ROGER 2991 SE AIRPORT RD ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800060456708 10/10/05--01072--013 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARRETT, DAVID 7733 GOLF BLVD ZOFO SPRINGS, FL 33890 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>10/10/12</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORSYTH, CLARA 1351 NE LEISURE AVE ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN SICKLE, CAROLYN 3295 SR 64 E WAUCHULLA, FL 33873 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(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: <i>Roger D. Byrd</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <i>10-7-05</i> Date Daytime Phone #