2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000006499

FILED Oct 13, 2006 Secretary of State

Entity Name: COMMUNITY OUTREACH OF THE APOSTOLIC FAITH, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
2711-18ТН ГАМРА, F	HAVENUE E. FL 33605	5816 LANGSTON DR. TAMPA, FL 33619
Current M	Nailing Address:	New Mailing Address:
2711-18ТН ГАМРА, F	HAVENUE E. L 33605	5816 LANSTON DR. TAMPA, FL 33619
n accordan	r: 59-3478863 FEI Number Applied For (nce with s. 607.193(2)(b), F.S., the corporation of d Address of Current Registered Agen	did not receive the prior notice.
vanne and	I Address of Current Registered Agen	it. Name and Address of New Registered Agent.
343 ALME	& UTERA, P.A. FRIA AVENUE ABLES, FL 33134 US	
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE: NOT REQUIRED	
SIGNATU	RE: NOT REQUIRED Electronic Signature of Registered	d Agent Date
		d Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
OFFICER itle: lame: ladress:	Electronic Signature of Registered	· ·
	Electronic Signature of Registered S AND DIRECTORS: PD () Delete CAMPBELL, WILLIE JR 1902 WEST MAIN STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
DFFICER. Title: lame: laddress: city-St-Zip: Title: lame: lame: kddress:	Electronic Signature of Registered S AND DIRECTORS: PD () Delete CAMPBELL, WILLIE JR 1902 WEST MAIN STREET TAMPA, FL 33607 VD () Delete CAMPBELL, FRANCES D 1902 WEST MAIN STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
DFFICER itle: lame: ddress: Dity-St-Zip: itle: lame: ddress: Dity-St-Zip: itle: lame: ddress:	Electronic Signature of Registered S AND DIRECTORS: PD () Delete CAMPBELL, WILLIE JR 1902 WEST MAIN STREET TAMPA, FL 33607 VD () Delete CAMPBELL, FRANCES D 1902 WEST MAIN STREET TAMPA, FL 33607 T () Delete TILLMAN, BARBARA 2711-18TH AVE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANCES CAMPBELL VD 10/13/2006