Mailing Address

DOCUMENT # N9800001842

THE ALTAR OF GOD HOLINESS CHURCH INC.

1. Entity Name

Principal Place of Business

02-03-2001 90281 017 ****61.25

Feb 03, 2001 8:00 am § Secretary of State

<u> </u>	C0016684

Fee Re 6. Name and Address of Current Registered Agent Name YATES, ROGER E REV. 8949 100 AVENUE VERO BEACH FL 32967-3010	Applied For Not Applicable Additional
City & State 4. FEI Number 65-0817796 \$8.77 Fee Re 65-0817796 \$8.77 Fee Re 6. Name and Address of Current Registered Agent Name VATES, ROGER E REV. 8949 100 AVENUE VERO BEACH FL 32967-3010 City FL Zip City FL Zip 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. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE NAME VATES, ROGER E STREET ADDRESS 8949 100 AVENUE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Not Applicable Additional quired
Zip Country Zip Country 5. Certificate of Status Desired \$8.75. Fee Re 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VATES, ROGER E REV. 8949 100 AVENUE VERO BEACH FL 32967-3010 City FL Zip 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. 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 P. Election Campaign Financing \$5.00 May Be Added to Fees Department of Status Desired Agent signature required when reinstating) Trust Fund Contribution. Added to Fees Department of Status Desired Agent Status Desired Agent Signature required when reinstating) TRUE NAME TRUE PD DESIRET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	Not Applicable Additional quired
Street Address (P.O. Box Number is Not Acceptable) **The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Additional quired
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STREET ADDRESS P.O. BOX 527 CITY-ST-7IP 2508 85th, CT.	
CITY-ST-ZIP FELLSMERE FL 32948 CITY-ST-ZIP VERO BEACH, FL 32966 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110 07/2/15 Fluid Section 110 07/2/15 F	

indicated on this report or supplied with this filling 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:

TEQUIRER E. YATES

1-23-01

561-388-2665