

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000003436

1. Entity Name

MINISTRIES OF GOD CHURCH, INC.



FILED

04 NOV -2 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2949 NEW HOPE ROAD
MOG LANE
MARIANNA, FL 32448 US

Mailing Address
P.O. BOX 897
MARIANNA, FL 32447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT (6/04) 04

4. FEI Number
59-3459293

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

WOODEN, JEFFREY J
2947 NEW HOPE RD
MARIANNA, FL 32448

Name Kathryn Johnson

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

3128 Union Hill Rd.

City Marianna

FL Zip Code 32446

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

Kathryn E. Johnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-1-04

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIVENS, DIEDRA	
STREET ADDRESS	551 DAVIS ST	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOODEN, JEFFREY	
STREET ADDRESS	2979 NEW HOPE RD	
CITY-ST-ZIP	MARIANNA, FL 32448	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JOHNSON, CLEO	
STREET ADDRESS	3128 UNION HILL RD	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOODEN, DEBRA	
STREET ADDRESS	2979 NEW HOPE RD	
CITY-ST-ZIP	MARIANNA, FL 32448	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BELLAMY, PATRICIA	
STREET ADDRESS	4417 ORCHARD POINTE DR APT 6F	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	HOOKS, WALTER	
STREET ADDRESS	7360 GORDON	
CITY-ST-ZIP	NAVARRE, FL 32566	

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		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bellamy, Patricia	
STREET ADDRESS	3087 Gilmore St.	
CITY-ST-ZIP	Marianna, FL 32446	
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 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:

Jeffrey J. Wooden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-04 (850) 482-8977

Date

Daytime Phone #