

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## FILED

2006 OCT 20 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10082006 REIN-NP CR2E099 (11/05)

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # N04000004064</b><br>1. Entity Name<br><b>DOMINION WORSHIP MINISTRIES CHURCH OF GOD, INC.</b>   |   |  |  |   |  |
| Principal Place of Business<br>4016 12TH AVE S<br>ST PETERSBURG, FL 33711  |   | Mailing Address<br>4016 12TH AVE S<br>ST PETERSBURG, FL 33711  |  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |   |  |
| City & State<br><br>Zip      Country   |   | City & State<br><br>Zip      Country   |  | 4. FEI Number <b>20-2337452</b><br>NOT APPLICABLE   |  |
| Applied For<br><input type="checkbox"/> Not Applicable   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCOTT, DOYLE P SR</b><br><b>670 58TH AVE S</b><br><b>ST PETERSBURG, FL 33705</b>   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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>Joseph P. Scott</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |  |  | DATE <b>10/15/06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!!! FEE IS \$236.25</b><br><b>After January 1, 2007, Fee will be \$297.50</b>   |   |  | Make check payable to<br>Florida Department of State   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>SCOTT, DOYLE P SR<br>670 58TH AVE S<br>ST PETERSBURG, FL 33705           | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ERIC E. ROBINSON<br>2935 5TH AVE 50<br>ST. PETE, FL 33712                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ODOM, LOUISE<br>2901 17TH AVE S<br>ST PETERSBURG, FL 33711               | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LULA NA BENJAMIN<br>608 12TH AVE 50<br>ST. PETE, FL 33701                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DIAZ, MITZI<br>3655 29TH AVE S<br>ST PETERSBURG, FL 33712                | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 900081399599<br>10/31/06--01079--008    **245.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HOWARD, RUBIN<br>2600 PINELLAS POINT DR S<br>ST PETERSBURG, FL 33712     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>SCOTT, LINDA<br>5668 22ND ST. SOUTH APT. 2006<br>ST PETERSBURG, FL 33712 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained 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 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>Eric E. Robinson</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | ERIC E. ROBINSON 15OCT04 727-328-0998<br><small>DATE      Daytime Phone #</small>  |   |  |

10/26/06