


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N97000003303</b> 1. Entity Name GOD'S HEALING HOLINESS CHRISTIAN CHURCH, INC.	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 08 DEC 15 PM 1:47

Principal Place of Business 1346 MALABAR ROAD SE UNIT A PALM BAY, FL 32907	Mailing Address 1346 MALABAR ROAD SE UNIT A PALM BAY, FL 32907
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11192008 REIN-NP CR2E099 (1/07)

4. FEI Number 59-3459115	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  BORLAND, PAULINE REV 1346 MALABAR ROAD SOUTHEAST UNIT A PALM BAY, FL	7. Name and Address of New Registered Agent Name: <i>Borland, Pauline Rev.</i> Street Address (P.O. Box Number is Not Acceptable): <i>1690 Marie Street</i> City: <i>Malabar</i> FL Zip Code: <i>32950</i>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$61.25**  
 After January 1, 2009, 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D FLETCHER, PANSY MS 1346 MALABAR ROAD SE, UNIT A PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Fletcher, Pansy Ms. Secretary</i> <i>1690 Marie Street</i> <i>Malabar, FL 32950 o/d</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BORLAND, PAULINE REV 1346 MALABAR ROAD SE, UNIT A PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Borland, Pauline Rev. President</i> <i>1690 Marie Street</i> <i>Malabar, FL 32950 810</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, DONALD 1346 MALABOR RD SE MELBOURNE, FL 32902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Paul Wilson Treasurer</i> <i>1690 Marie Street</i> <i>Malabar, FL 32950 40</i> <input checked="" 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
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 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 or without other like empowered.

SIGNATURE: *Rev. Pauline Borland* 11/19/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #