

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N29776

**Entity Name:** THE ROYAL ASSEMBLY, KINGDOM OF ELOHIM, INC.**Current Principal Place of Business:**1 N E 168 ST  
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**1 N E 168 ST  
NORTH MIAMI BEACH, FL 33162 US**FEI Number:** 65-0892455**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARBARY, IRVING K PRESIDENT  
145 N.W. 206 TERR.  
MIAMI, FL 33169 US*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:** IRVING K BARBARY

10/31/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | P                      |
| Name            | BARBARY , IRVING KEITH |
| Address         | 145 N.W. 206 TERR      |
| City-State-Zip: | MIAMI FL 33169         |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | FRAMCE WILSON, KIM    |
| Address         | 13216 ALEUTIAN AVENUE |
| City-State-Zip: | ROCKVILLE MD 20851    |

|                 |                  |
|-----------------|------------------|
| Title           | TREASURER        |
| Name            | BARBARY, TONIA   |
| Address         | 145 N W 206 TERR |
| City-State-Zip: | MIAMI FL 33169   |

|                 |                 |
|-----------------|-----------------|
| Title           | ASST. TREASURER |
| Name            | FRANCE, JUANITA |
| Address         | 145 NW 206 TERR |
| City-State-Zip: | MIAMI FL 33162  |

|                 |                    |
|-----------------|--------------------|
| Title           | OFFICER            |
| Name            | HAIDARA, JUANITA R |
| Address         | 5995 DAN DR        |
| City-State-Zip: | ELLENWOOD GA 30294 |

*I hereby 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 all other like empowered.*

**SIGNATURE:** IRVING K BARBARY

PRESIDENT

10/31/2023

Electronic Signature of Signing Officer/Director Detail

Date