

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 26, 2010
Secretary of State**

DOCUMENT# 741434

Entity Name: FAITH HEALING REVIVAL CENTER INC.

Current Principal Place of Business:

FAITH HEALING REVIVAL
2008 NE 899 ST
OLD TOWN, FL 32680 US

New Principal Place of Business:

Current Mailing Address:

2008 N E 899 ST
OLD TOWN, FL 32680 US

New Mailing Address:

FEI Number: 59-1855977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALLISTER, ROBERT J
2008 NE 899 ST
OLD TOWN, FL 32680 US

Name and Address of New Registered Agent:

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: ROBERT J MCALLISTER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CARPENTER, THERESA V
Address: 2008 N E 899 ST
City-St-Zip: OLD TOWN, FL 32680 US

Title: T
Name: GROOMS, DENNIS E
Address: 1320 SWILLEY RD
City-St-Zip: PLANT CITY, FL 33567 US

Title: S
Name: GROOMS, THERESA L
Address: 1320 SWILLEY RD
City-St-Zip: PLANT CITY, FL 33567 US

Title: T
Name: RUSH, EDNA
Address: 401 NW 98 TERRACE
City-St-Zip: GAINESVILLE, FL 32691

Title: VP
Name: MCALLISTER, ROBERT JEROME
Address: 2008 NE 899 ST
City-St-Zip: OLD TOWN, FL 32680

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: ROBERT J. MCALLISTER

Electronic Signature of Signing Officer or Director

VP

10/26/2010

Date