

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC 20 AM 8:32

Section 1

1. His Majesty's Ministries
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

4415 2nd Street
Mailing Address of Business

Vero Beach FL 32968
City State Zip Code

3. Florida County of principal place of business: _____
Indian River
(see instructions if more than one county)

FEI Number: _____

G10000110718
12/06/10--01043--008 **50.00

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last _____ First _____ M.I. _____
Address _____
City _____ State _____ Zip Code _____

2. Last _____ First _____ M.I. _____
Address _____
City _____ State _____ Zip Code _____

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Central Assembly Of God, Inc OF VERO BEACH, FLORIDA
Entity Name
6767 20th Street
Address
Vero Beach FL 32966
City State Zip Code
Florida Document Number 710749
FEI Number: 59-1892295

Applied for Not Applicable

Section 3

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath.

Larry J. Swan 12/01/10
Signature of Owner Date
Phone Number: 772-562-4505

E-mail address: (to be used for future renewal notification)

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date

Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
NON-REFUNDABLE PROCESSING FEE: \$50

12/20/10
Single BR45001 (11/09)