

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004682

FILED
May 16, 2013
Secretary of State

Entity Name: NEW APOSTOLIC FAITH GRACE MINISTRIES, INC.

Current Principal Place of Business:

387 NEW YORK DRIVE
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

PO BOX 50400
FORT MYERS, FL 33994

New Mailing Address:

FEI Number: 65-0924626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREEN, LUKE A
387 NEW YORK DRIVE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

CARR, ADRIANNE E
2227 FOWLER STREET
FORT MYERS, FL 33901 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: ADRIANNE E CARR

05/16/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GREEN, LUKE A
Address: PO BOX 50400
City-St-Zip: FORT MYERS, FL 33994

Title: VP
Name: GREEN, LESLIE
Address: 2819 34TH STREET
City-St-Zip: LEHIGH ACRES, FL 33976

Title: TREA
Name: DANIELS, CLARISSA
Address: 4259 BELLASOL CIRCLE APT 2011
City-St-Zip: FORT MYERS, FL 33916

Title: SEC
Name: JAMES, RONALD W
Address: 1015 MARSH AVENUE APT 306
City-St-Zip: FORT MYERS, FL 33905

Title: D
Name: DANIELS, WALTER
Address: 4259 BELLASOL CIRCLE APT 2011
City-St-Zip: FORT MYERS, FL 33916

Title: D
Name: GREEN, RODERICK
Address: 620 HOPE CIRCLE
City-St-Zip: IMMOKALEE, FL 33412

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: LUKE A GREEN

P

05/16/2013

Electronic Signature of Signing Officer or Director

Date