


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N01000000663</b> 1. Entity Name <b>EVANGELISTIC MISSIONARY MOVEMENT ASSEMBLY OF GOD OF JACKSONVILLE, FLORIDA, INC.</b>			FILED 07 NOV -7 AM 10:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 5829 BLANDING BLVD. JACKSONVILLE, FL		Mailing Address 5829 BLANDING BLVD. JACKSONVILLE, FL	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		
4. FEI Number <b>59-3720003</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>GARCIA, IVIS A</b> <b>5202 LA VENTURA DR E APT 1003</b> <b>JACKSONVILLE, FL 32210</b>		<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  <b>1850 Manitoba Ct. N.</b> City <b>FL</b> Zip Code <b>Middleburg</b> <b>32068</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2008, Fee will be \$297.50</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE                      PD <input type="checkbox"/> Delete NAME                      GARCIA, IVIS A STREET ADDRESS        5202 LA VENTURA DR E CITY-ST-ZIP              JACKSONVILLE, FL 32210	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME                      1850 Manitoba Ct. N. STREET ADDRESS        Middleburg, Fl. 32068 CITY-ST-ZIP		
TITLE                      VD <input type="checkbox"/> Delete NAME                      GARCIA, ELLIOT M STREET ADDRESS        5202 LA VENTURA DR E CITY-ST-ZIP              JACKSONVILLE, FL 32210	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME                      1850 Manitoba Ct. N. STREET ADDRESS        Middleburg, Fl. 32068 CITY-ST-ZIP		
TITLE                      TD <input type="checkbox"/> Delete NAME                      GUADALUPE, REBECA STREET ADDRESS        8136 BEATLE BLVD. CITY-ST-ZIP              JACKSONVILLE, FL 32244	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME                      500112074255 STREET ADDRESS        11/07/07--01024--003    **236.25 CITY-ST-ZIP		
TITLE                      D <input type="checkbox"/> Delete NAME                      GUADALUPE, PEDRO STREET ADDRESS        8136 BEATLE BLVD. CITY-ST-ZIP              JACKSONVILLE, FL 32244	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>[Signature]</i> STREET ADDRESS CITY-ST-ZIP		
TITLE                      SD <input type="checkbox"/> Delete NAME                      TUA, TERESA STREET ADDRESS        1850 MANITOBA CT. NORTH CITY-ST-ZIP              MIDDLEBURG, FL 32068	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME                      2938 Bent Bow Lane STREET ADDRESS        Middleburg, Fl. 32068 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 all other like empowered.			
<b>SIGNATURE:</b> <i>[Signature]</i>		Date: <b>10-20-07</b> Daytime Phone #: <b>278-2862</b>	