



FILED
Apr 05, 2005 8:00 am
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COI

  **FLORIDA DEPARTMENT OF STATE**
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # *N96000000422*

1. Corporation Name
**Jesus Christ Of Nazareth
 Worship And Praise Temple, Inc** *2005*

2. Principal Office Address <i>1605 SE 28 PLACE</i>		3. Mailing Office Address <i>1605 SE 28 PLACE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>GAINESVILLE FLORIDA</i>		City & State <i>GAINESVILLE, FLORIDA</i>	
Zip <i>32641</i>	Country <i>USA</i>	Zip <i>32641</i>	Country <i>USA</i>

4011

4. Date Incorporated or Qualified To Do Business in Florida *01/22/1996*

5. FEI Number *593426219*

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

05

7. Name and Address of Current Registered Agent

Name
ELDER HENRY THOMPSON

Street Address (P.O. Box Number is Not Acceptable)
1605 SE 28 PLACE

Suite, Apt. #, Etc.

City
GAINESVILLE

State
FL

Zip Code
32641

600051388906
*04/20/05--01047--007 **70 00*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Elder Henry Thompson* Date *4-3-05*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DOROTHY J.C. THOMPSON	1605 SE 28 PLACE	GAINESVILLE, FL 32641
D	MARYE H. LANGSTON	1101 NE 20 AVENUE	GAINESVILLE, FL 3209
T	TERESA K. THOMPSON	P.O. BOX 415 N/A	GAINESVILLE, FL 32602
D	CHARLES AIKENS	3500 WINDMEADOWS BLVD. APT 65	GAINESVILLE, FL 32602
D	CONNIE SMITH	3031 SE 15 STREET	GAINESVILLE, FL 32641
T	KELVIN MCCRAY	1728 SE 14 AVENUE	GAINESVILLE, FL 32641

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Dorothy Thompson* Date *4-3-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/05)