

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION  
REINSTATEMENT**



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

FILED

01 DEC 17 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200004746232--8

-01/02/02--01010--004

\*\*\*1890.00 \*\*\*1890.00

200004746232--8

-01/02/02--01010--003

\*\*\*\*122.50 \*\*\*\*122.50

**DOCUMENT #** 708285

**1. Corporation Name**

Jesus Christ The True Free Will Holiness Church, Inc.

**2. Principal Office Address**

335 Navy Blvd.

Suite, Apt. #, etc.

City & State

Warrington, FL

Zip

Country

USA

**3. Mailing Office Address**

P.O. Box 17974

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

Country

32522

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/22/64

**5. FEI Number**

000000000

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Prenecker Jackson

Street Address (P.O. Box Number is Not Acceptable)

109 Lakewood Rd.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

**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

*Prenecker Jackson*

REGISTERED AGENT MUST SIGN

Date 11-30-01

**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	Prenecker Jackson	109 Lakewood Rd.	Pensacola, FL 32507
D	Willie Richardson	907 Decator St.	Pensacola, FL 32507
D/T	Rose Elliot	6276 Ferguson Dr.	Pensacola, FL 32503
D	Marie Jackson	109 Lakewood Rd.	Pensacola, FL 32507
D	Alberta M. James	229 E. Barker St.	Pensacola, FL 32514
D	Lillie Reese	1556 Macklin Pl.	Pensacola, FL 32534

**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

*Prenecker Jackson*

Prenecker Jackson

11-30-01 (850) 457-0696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Continuation:

9.

<u>Title</u>	<u>Name of Officer/Director</u>	<u>Street Address</u>	<u>City / State / Zip</u>
D	Prenecker L. Jackson	109 Lakewood Rd.	Pensacola, FL 32507