

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 716877

FILED
Oct 28, 2009
Secretary of State

Entity Name: THE HIGHWAY HOLINESS CHURCH OF CHRIST OF THE APOSTILE, INC.

Current Principal Place of Business:

2404 NW 20 STREET
FT. LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

165 NW 15 STREET
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 51-0182650 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRISSETT, RALPH
165 N.W. 15TH ST.
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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: RALPH GRISSETT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GRISSETT, BISHOP R
Address: 165 NW 15TH ST.
City-St-Zip: POMPANO BCH., FL 33060

Title: D () Delete
Name: GILES, DEACON L.
Address: 2208 NW 20TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D () Delete
Name: GREEN, DEACON F., JR.
Address: 424 NE 2ND ST.
City-St-Zip: BOYNTON BCH., FL 33435

Title: DV () Delete
Name: GRISSETT, IDA MAE
Address: 165 NW 15TH STREET
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: DT () Delete
Name: GRISSETT, DEACON C
Address: 2801 NW 6TH STREET
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: T () Delete
Name: GRISSETT, CHRISTINE T
Address: 871 NW 6 AVE #4
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RALPH GRISSETT

Electronic Signature of Signing Officer or Director

DP

10/28/2009

Date