

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 24 PM 3:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 07



11092004 REIN-NP CR2E099 (6/04)

4. FEI Number 59-2587242 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # 728868			
1. Entity Name GENERAL ASSEMBLY OF THE CHURCH OF GOD, INC.			
Principal Place of Business 753 TENNESSEE STREET DAYTONA BEACH, FL 32114		Mailing Address % JOHN F. MITCHELL 560 ELDORADO AVE. DAYTONA BCH., FL 32114	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MITCHELL, JOHN F 560 ELDORADO AVENUE DAYTONA BEACH FL, FL 32114		Name MITCHELL, JOHN F Street Address (P.O. Box Number is Not Acceptable) 104 WINNERS CIRCLE # 103 City DAYTONA BEACH FL Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MITCHELL, (JOHN F.) 560 ELDORADO ST DAYTONA BEACH FL.	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SPAIN, LAURA B 3454 CATES BAY HWY. CONWAY, SC 29527	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, MELDON M 1680 DIRTY BRANCH RD. CONWAY, SC 29527	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPAIN, SIMON J 3454 CATES BAY HWY. CONWAY, SC 29527	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKSON NETTIE 628 CASSIN AVENUE DAYTONA BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAYO, LUCINDA 629 WILLIE DR. DAYTONA BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MITCHELL, John F 104 WINNERS CIRCLE # 103 DAYTONA BEACH, FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition	100043004881 11/24/04--01058--002 **70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officers empowered.

SIGNATURE: John Mitchell 11-22-04 16-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #