

**2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED**  
**Sep 29, 2008**  
**Secretary of State**

DOCUMENT# 728887

**Entity Name:** GLAD TIDINGS ASSEMBLY OF GOD OF LAKE CITY, FLORIDA, INCORPORATED

**Current Principal Place of Business:**

993 N.W. LAKE JEFFERY ROAD  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 59-6559352      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

VAN VLECK, LOWELL D  
4414 NW WISTERIA DRIVE  
LAKE CITY, FL 32055 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: LOWELL VAN VLECK

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VAN VLECK, L.D.  
Address: 4414 NW WISTERIA DRIVE  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: HARRIS, JAMES  
Address: 246 SE LILLIAN LOOP #104  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: PRIEST, JUNE  
Address: 6944 NW LAKE JEFFERY RD.  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: LEVERETT, LEWIS  
Address: 1978 SE GILESMARTIN AVE  
City-St-Zip: LAKE CITY, FL 32024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: TRULUCK, CHARLOTTE  
Address: 132 N.E. PATTERSON AVE.  
City-St-Zip: LAKE CITY, FL 32055

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: LOWELL VAN VLECK

PD

09/29/2008

Electronic Signature of Signing Officer or Director

Date