

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 733142

1. Corporation Name

FAITH TEMPLE ASSEMBLY OF GOD, INC.

Principal Place of Business

504 MICHIGAN AVE.
PENSACOLA FL 32505

Mailing Address

504 MICHIGAN AVE.
PENSACOLA FL 32505

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1975

5. FEI Number

59-2513908

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WALKER, JULIAN C REV	7700 LEGRANDE DRIVE	PENSACOLA FL
D	FARRINGTON, TERRY	1805 W. TEN MILE ROAD	CANTONMENT FL 32533
S	BOCZ, AARON	7913 TERRILYNN LN.	PENSACOLA FL
V	WOOD, JAMES	10031 ASHTON BROSNAHAM ROAD	PENSACOLA FL
T	WILKINS, RANDALL	2190 INDA AVE	PENSACOLA FL 32526
D	GOODRICH, VERN	1841 HALLMARK LN.	PENSACOLA FL

8. Name and Address of Current Registered Agent

WALKER, JULIAN C REV
7700 LE GRANDE DRIVE
PENSACOLA FL 32514

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Rev. Julian C. Walker
REGISTERED AGENT MUST SIGN

Date

10/15/01

11. 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:

James R. Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01
Date

(850) 432-6911
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 01

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