

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 JAN 14 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747019

1. Corporation Name

MACEDONIA CHURCH OF DELIVERANCE, INC.

Principal Place of Business

1334 WALNUT STREET
JACKSONVILLE FL 32206-5142

Mailing Address

1334 WALNUT STREET
JACKSONVILLE FL 32206-5142

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1979

5. FEI Number

59-1917911

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SMITH, DAVID	306 E. 6TH STREET	JACKSONVILLE FL 32206
VSOTD	SMITH, THERESA T	306 E. 6TH STREET	JACKSONVILLE FL 32206
CD	CORBITT, CHARLES R	6775 GASPER CIRCLE EAST	JACKSONVILLE FL 32219
D	SIMMONS, HENRY SR.	119 W. 44TH STREET	JACKSONVILLE FL 32206
D	Trotter, John	1334 Walnut street	Jacksonville, FL 32206

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8. Name and Address of Current Registered Agent

SMITH, THERESA T
306 E. 6TH STREET
JACKSONVILLE FL 32206

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

CR2040 (8/01)

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

Theresa T Smith
REGISTERED AGENT MUST SIGN

Date

Jan 14, 2002

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:

David Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 358-7289 - Home
(904) 475-1500 - church
Jan 14, 2002
Daytime Phone #