

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 20 PM 3:48

DOCUMENT # 765574

1. Corporation Name

Glorious Bethlehem Temple, Inc.

REINSTATEMENT 1983-
2011

2. Principal Office Address - No P.O. Box #

2210 Wister Street

Suite, Apt. #, etc.

3. Mailing Office Address

2210 Wister Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

Duval

Zip

32207

Country

Duval

900203098209
04/20/11--01029--008 **1951.25

CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/82

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bishop Billy G. Newton

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

1733 Marcy Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X Billy G. Newton

REGISTERED AGENT MUST SIGN

Date X April 16, 2011

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Bishop Billy G. Newton	1733 Marcy Drive	Orlando, FL 32808
D	Pastor Donald Richardson	2210 Wister Street	Jacksonville, FL 32207
D	Deacon David Edwards	2210 Wister Street	Jacksonville, FL 32207

10. E-mail Address: wordofgo@bellsouth.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Donald W. Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/11

Daytime Phone #