

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000003744**

1. Corporation Name

**THE DISCIPLES OF CHRIST DELIVERANCE OUTREACH APO
STOLIC CHURCH, INC.**

Principal Place of Business

Mailing Address

289 HALSPUR ROAD
HAZLEHURST GA 31539-0971
US

PO BOX 102
SCOTLAND GA 31083
US

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

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2000

5. FEI Number

58-2359381

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	EASON, MICHEAL	419 LUCILLE AVE #6	ALAMO GA 30411
S	BROWN, WILLIE	186 MCLENDON RD.	VIDALIA GA
D	ALLEN, ZARET	10 LOUISE LANE	BAXLEY GA
P	EADY, CORTEZ	2ND AVE	SCOTLAND GA
EL	HILL SR, ELDER J	WILLIE FOSTER RD.	HAZLEHURST GA

8. Name and Address of Current Registered Agent

BOYD, CHERYL C
7234 KEN KNIGHT DR E
JACKSONVILLE FL 32209

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300024386923

11/03/03--01088--009

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Cheryl C. Boyd
REGISTERED AGENT MUST SIGN

Date

300024386923
11/21/03--01042--002
10-24-03

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:

Pastor Cortez Eady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-03

Daytime Phone #

CR2E040 (7/03)