PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION APPLICATION	FLORIDA DEPARTMENT OF STATE
FOR A	Jim Smith pretary of State
REINSTATEM	DIVISION OF CORPORATIONS
DOCUMENT # NOOOO	0003674

1. Corporation Name

NORTH JACKSONVILLE FAMILY WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11705 CHERRY BARK DR E JACKSONVILLE FL 32218

SIGNATURE:

P.O. BOX 26304 JACKSONVILLE FL 32218 FILED

02 NOV -4 PM 4: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above a	addresses are incorrect in any way, line thr	ough incorrect is	nformation and enter	correction helow				
If above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 10224 Lem Turner Rd.		Applicable 4. Date Incor		porated or Qualified iness in Florida 06/07/2000				
Suite, Apt. #, etc. Suite, Apt. #				5. FEI Numbe	6 FG(N)			
City & State City & State				59-3650687		Not Applicable		
Jacksonville, FL, Zip 32218 Coulntry U.S.A		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpor	ations must list at lea	ast 3 directors)			
Title(s)	Name of Officers Str			reet Address of Each fficer and/or Director	et Address of Each			
Р	BING, LEON R	11705 CHERRY BARK DRIVE E				JACKSONVILLE FL 32218		
Ď	BING, JANICE M	11705 CHERRY BARK DRIVE			· <u>-</u>	JACKSONVILLE FL 32218		
- D	BREWER, KENNETH		1509 DEPRINGE	R ROAD		JACKSONVILLE FL 32225		
D	BREWER, MARY JANE 1509 DERRINGE			R ROAD		JACKSONVILLE FL 32225		
D	CATUS, SHAWANA D 2531 PETUNIA S			ST		JACKSONVILLE FL 32209		
D	THOMAS, DORIS M 2531 PETUNIA S			STREET		JACKSONVILLE FL 32209		
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
BUSINESS FILINGS INCORPORATED				Name Leon R. Bing Street Address (BO, Box Number is Not Aggreptable)				
-NO. 1114 Suite.					Suite, Apt. #, Etc.			
-MIAMI BEACH FL 33139				Jacksonville FL 32218				
10. I, being	appointed the registered agent of the abo	ve named corpo	ration, am familiar w				.S.	
Signature of Registered Agent SIGNIVA EREQUIRED Date								
this reins	that I am an officer or director or the receiv statement application, the reason for disso the corporation have been paid and the n	ution has been	eliminated, the corpo	orate name satisfies t	the requirements	of section 607.0401 or 617.0401	F.S. that all fees	

North Jacksonville Family Worship Center

10224 Lem Turner Rd. Jacksonville, FL. 32218 * 904-765-4040

October 22, 2002 Division Of Corporations Annual Report/Reinstatement Section P. O. Box 6327 Tallahassee, FL. 32314-6327

Dear Division Of Corporations:

On 10/22/02, I received a "Notice of Administrative Dissolution or Revocation", in the mail. On 8/7/02, I mailed Check # 1222, along with the application back to your office. On 8/13/02, Compass Bank shows where Check # 1222 cleared the account.

I was advised that there was a correction that needed to be made and your office sent the application back to me. I never received the application. And I do know the seriousness of this matter and would have met your requirements.

I was instructed by your office to write this letter and forward it to you with the completed Application For Reinstatement Form, and a copy of the front and back of Check #1222.

Please show the listed subjects as Directors for our organization:

Janice M. Bing 11705 Cherry Bark Dr. E. Jacksonville, FL. 32218

Shawana D. Catus 2531 Petunia St. Jacksonville, FL. 32209

Doris M. Thomas 2531 Petunia St. Jacksonville, FL. 32209

I hope that this clears the situation involving our organization.

Respectfully,

Leon R. Bing

Pastor / LRB/Irb

Leon R. Bing, Pastor * 904-994-6130