

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 OCT 17 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005727

1. Corporation Name

GLORYLAND BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1451 EASTPORT RD.
JACKSONVILLE FL 32218

1451 EASTPORT RD.
JACKSONVILLE FL 32218

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

08/25/2000

5. FEI Number

59-3665232

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
D	BOONE, JOSEPH W	37209 CODY CIR APT K-8	HILLIARD FL 32046
Left D Church	DOLLAR, KEITH	12950 GROVER RD	JACKSONVILLE FL 32226
D	MCCLAIN, RAY	15570 BREAM RD	JACKSONVILLE FL 32226
Left D 8/02	HARGNOVE, RONALD - Ex-Pastor	5664 DOOLITTLE RD	JACKSONVILLE FL 32254

8. Name and Address of Current Registered Agent

BOONE, JOSEPH W
37209 CODY CIR APT K-8
HILLIARD FL 32046

9. Name and Address of New Registered Agent

Name: BRO. JOHN M. FUSSELL
Street Address (P.O. Box Number is Not Acceptable): East Port Rd
Suite, Apt. #, Etc.:
City: Jacksonville State: FL Zip Code: 32218

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

Joseph W. Boone
REGISTERED AGENT MUST SIGN

Date: 10/12/03

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:

Joseph W. Boone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4th
Sheet
Sent

CR20040 (7/03)

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

*was filed and Paid on 8/29/03
this was the second copy and the
check cleared our bank 9/8/03 I got
an return and called them and sent in
a 3rd copy of changes 10/7/03.*

Corporation Name: GLORYLAND BAPTIST CHURCH, INC.

Document Number: N00000005727

*Thanks
Theresa
Boone
(Secretary)
of
Gloryland*

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
19th day of September, 2003.



Glenda E. Hood

Glenda E. Hood
Secretary of State