2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# N00000007711

Entity Name: THE APOSTLE FAITH MIRACLE CHURCH INC.

Current Principal Place of Business:

529 S. MCDUFF AVE.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

529 S. MCDUFF AVE.
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, BISHOP A SR
4430 MELVIN CIRCLE WEST
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BISHOP ALVIN L JONES, SR
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: JONES, BISHOP A SR
Address: 4430 MELVIN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32210

Title: P ( ) Delete
Name: JONES, MURRIA M
Address: 4430 MELVIN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete
Name: FELDER, MARILYN
Address: 462 WADE DR.
City-St-Zip: JACKSONVILLE, FL 32204

Title: T ( ) Delete
Name: MARSHALL, SHARRON
Address: 5222 PARIS AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: WILLIAMS, ANGELA
Address: 349 SMITH ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: FRAZIER, JOHNNIE
Address: 2824 1ST STREET
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: B (X) Change ( ) Addition
Name: JONES, BISHOP A SR
Address: 4430 MELVIN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: MARSHALL, SHARRON
Address: 4430 MELVIN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32208

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BISHOP ALVIN L JONES, SR B 10/07/2005
Electronic Signature of Signing Officer or Director — Date