

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 15 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



100023816541
10/15/03--01051--001 **61.25

DOCUMENT # **N01000002018**

1. Corporation Name

NO CROSS NO CROWN CHRISTIAN FAITH ASSEMBLY INC.

Principal Place of Business

Mailing Address

**130 MASTERS DR
ST AUGUSTINE FL 32095**

**130 MASTERS DR
ST AUGUSTINE FL 32095**

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

03/22/2001

5. FEI Number

59-3717476

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
P	MURRAY, CURTIS D	5403 LOS SANTO WAY	JACKSONVILLE FL 32211
V	MURRAY, CAROLYN E	5403 LOS SANTO WAY	JACKSONVILLE FL 32211
D	POPE, SAMUEL J	608 W KING ST	ST AUGUSTINE FL 32095
D	CALLOWAY, LEON L	241 AKIEN ST	ST AUGUSTINE FL 32084
D	MURRAY, ARTEMUS D	5403 LOS SANTO WAY	JACKSONVILLE FL 32211

8. Name and Address of Current Registered Agent

**MURRAY, CURTIS D
5403 LOS SANTO WAY
JACKSONVILLE FL 32211**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Curtis D. Murray

REGISTERED AGENT MUST SIGN

Date **10/13/03**

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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

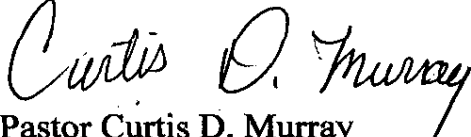
No Cross No Crown
Christian Faith Assembly
130 Masters Drive
St. Augustine FL 32084
(904-823-9945
Rev. Curtis D. Murray, Senior Pastor
Minister A.D. Murray, Asst. Pastor

September 13, 2003

To The Office Of Glenda E. Hood ,Secretary of State

This Is a Brief Statement Of my Failure To Comply With The Renewing Of
The Corporation Annual Business Report. How Ever If a Letter Was sent out
to the Business at 130 Masters Drive St. Augustine Florida, 32084 I've
Never Received It or Have no Knowledge of It. I 'am therefore Asking for
Your Office Will they Please Reinstate The Corporation Of No Cross No
Crown Christian Faith Assembly Inc. For the Annual Fee Of \$61.25
Whereas You Will Find A Check Enclosed For That Amount.

Respectfully


Pastor Curtis D. Murray