

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 DEC 15 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002968

1. Corporation Name

NEW CALVARY TEMPLE CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

120 JACKSON ST.
CENTURY FL 32535

~~120 JACKSON ST.~~
~~CENTURY FL 32535~~

PO Box 749
Century FL
32535



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

03-0427942

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D PHIFER, JAMES

7440 FIELD RD.

CENTURY FL 32535

D DAVIS, ROSA

233 LIBERTY ST.

ATMORE AL 36502

D JAMES, TRINA

P. O. BOX 528

CENTURY FL 32535

D Riley, Nancy

697 Ewing Dr.

Atmore, AL 36502

700024387067
11/03/03--01088--012 **175.00

700024387067
11/19/03--01045--001 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALLAWAY, MARY M
1600 N. PALAFOX ST.
PENSACOLA FL 32501

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

REGISTERED AGENT MUST SIGN

Date 11-17-03

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:

James Phifer
James Phifer

Date

Daytime Phone #

10-18-03

CR2E040 (7/03)