

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000003832

1. Entity Name
CHURCH OF THE LIVING GOD IN CHRIST OF
GAINESVILLE, INC.



Principal Place of Business
1705 NE 5TH AVE
GAINESVILLE, FL 32641

Mailing Address
1705 NE 5TH AVE
GAINESVILLE, FL 32641

2. Principal Place of Business
1705 NE 5 Ave
Suite, Apt. #, etc.

3. Mailing Address
2414 SE 12 Terr
Suite, Apt. #, etc.

City & State
Gainesville
FL 32641

City & State
Gainesville FL 32641
FL 32641

4. FEI Number
03-0456810

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, NAOMI
2414 S.E. 12 TERRACE
GAINESVILLE, FL 32641

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE NAOMI HALL

Signature, typed or printed name of registered agent and title if applicable.

Vice President

(NOTE: Registered Agent signature required when reinstating)

12/28/06

DATE

FILE NOW!!! FEB 13 2007
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BRYANT, HENRY	
STREET ADDRESS	21114 NE 4TH AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32641	
TITLE	M	<input type="checkbox"/> Delete
NAME	PRESSLEY, FLOSSIE	
STREET ADDRESS	1440 SE 41 PL	
CITY-ST-ZIP	GAINESVILLE, FL 32641	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, MAOMI	
STREET ADDRESS	2414 SE 12TH TERR	
CITY-ST-ZIP	GAINESVILLE, FL 32641	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAEL, JOHN	
STREET ADDRESS	510 SE 8TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 32641	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, DIANA	
STREET ADDRESS	21210 COUNTY RD 239	
CITY-ST-ZIP	ALACHUA, FL 32658	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEOPLE, EDNA	
STREET ADDRESS	7505 SW 63 PL	
CITY-ST-ZIP	GAINESVILLE, FL 32608	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Naomi Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 JAN -3 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07