

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT 19 PM 3:34

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008330

1. Corporation Name

Florida Gospel Announcers Guild

~~W07-45594~~

2. Principal Office Address - No P.O. Box #

1019 Ashton Cove Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

P O BOX 18761

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32218

Country

City & State

Jacksonville, FL

Zip

32229

Country

**REINSTATEMENT** 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

October /  
December 29, 2002

5. FEI Number

N02000008330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Lydia Goodin

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

2170 Rutland Street

Suite, Apt. #, Etc.

City

OPA LOCKA

State

FL

Zip Code

33054

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Twyla D. Prindle

REGISTERED AGENT MUST SIGN

Date

8/29/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Treasurer	Twyla Prindle	1019 Ashton Cove Terrace	Jacksonville, FL 32218
President	Lydia Goodin	P O BOX 18761	Jacksonville, FL 32229
EXEC OFFICER	Cora Miles Jefferson	P O BOX 18761	Jacksonville, FL 32229

500111277895  
10/24/07--01003--006 \*\*245.00  
500111277895  
10/24/07--01003--007 \*\*8.75

\$710/22

10. 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 contained in Chapter 119, 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:

Twyla D. Prindle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/07

Date

904-710-6529

Daytime Phone #