## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N02000008330

FILED Nov 03, 2008 Secretary of State

Entity Name: FLORIDA GOSPEL ANNOUNCER'S GUILD, INC.

**Current Principal Place of Business:** New Principal Place of Business:

1019 ASHTON COVE TERRACE 10970 LEM TURNER RD. JACKSONVILLE, FL 32218

#206

JACKSONVILLE, FL 32218

**Current Mailing Address: New Mailing Address:** 

10970 LEM TURNER RD. P.O. BOX 18761

JACKSONVILLE, FL 32229 #206

JACKSONVILLE, FL 32218

FEI Number: 90-0392328 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

GOODIN, LYDIA 2170 RUTLAND ST OPA LOCKA, FL 330543754 US

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: LYDIA GOODIN

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

PRINDLE, TWYLA GRIMES, SELISA Name: Name: Address: 1019 ASHTON COVE TERRACE Address: 10970 LEM TURNER RD. #206

City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 US

Title: Title: (X) Change ( ) Addition ( ) Delete GOODIN, LYDIA Name: Name: GOODIN, LYDIA

Address: P.O. BOX 18761 Address: 2170 RUTLAND ST City-St-Zip: JACKSONVILLE, FL 32229 City-St-Zip:

OPA LOCKA, FL 330543754 US

Title: () Delete Title: (X) Change ( ) Addition JEFFERSON, CORA M Name: PATTERSON, WANDA Name: 10970 LEM TURNER RD. #206 Address: P.O. BOX 18761 Address:

City-St-Zip: JACKSONVILLE, FL 32229 City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SELISA GRIMES Т 11/03/2008