## 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N11000006633

Entity Name: 24.7 FAMILY CHURCH, INCORPORATED

FILED Oct 08, 2013 Secretary of State

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

2110 ANDREWS ROAD 1132 CROOKED LANE LYNN HAVEN, FL 32444

APT/SUITE

LYNN HAVEN, FL 32409

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

2110 ANDREWS ROAD 1132 CROOKED LANE APT/SUITE LYNN HAVEN, FL 32444

LYNN HAVEN, FL 32409

FEI Number: 45-2751542 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FAULKENBERRY, GREGORY S FAULKENBERRY, GREGORY S 2110 ANDREWS ROAD 1132 CROOKED LANE

LYNN HAVEN, FL 32444 US APT/SUITE LYNN HAVEN, FL 32409 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: GREGORY S. FAULKENBERRY 10/08/2013

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

CEO

FAULKENBERRY, GREGORY S Name: Address: 1132 CROOKED LANE City-St-Zip: LYNN HAVEN, FL 32409

Title:

Name: FAULKENBERRY, THOMAS G Address: 1132 CROOKED LANE City-St-Zip: SOUTHPORT, FL 32409

Title: OFFI

FAULKENBERRY, DENNIS C Name: Address: 1140 CROOKED LANE City-St-Zip: SOUTHPORT, FL 32409

Title: **OFFI** 

Name: NICODEMUS, LISA 2366 FOXWORTH DRIVE Address: City-St-Zip: PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

SIGNATURE: GREGORY S. FAULKENBERRY CEO 10/08/2013