

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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**FILED**

09 MAR 12 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03122009 REIN-NP CR2E099 (1/07)

<b>DOCUMENT # N24383</b> 1. Entity Name <b>GLORIOUS CHURCH OF THE LORD JESUS CHRIST OF THE APOSTOLIC FAITH, INC.</b>					
Principal Place of Business <b>213 E. 6TH ST JACKSONVILLE, FL 32206 US</b>			Mailing Address <b>P.O. BOX 40311 JACKSONVILLE, FL 32203</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-3015914</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>BOWSER, APOSTLE J.H. SR 1625 N. MARKET ST JACKSONVILLE, FL 32206</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOWSER, APOSTLE J.H. SR</b> <b>1625 N. MARKET ST</b> <b>JACKSONVILLE, FL 32206</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> <b>10014562261</b>  <b>03/12/09--01006--003 **122.50</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILL, R. W BISHOP</b> <b>950 12TH ST</b> <b>NEWPORT NEWS, VA 23607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOWSER, FRANCES M</b> <b>617 49TH ST</b> <b>NEWPORT NEWS, VA 23607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MIN</b> <b>GIRARD, MICHAEL A</b> <b>1548 LIBERTY STREET</b> <b>JACKSONVILLE, FL 32206</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> <b>7536 Sharleth Drive South</b>  <b>Jacksonville, FL 32210</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: <i>Apostle J.H. Bowser</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-12-2009 (904)356-0250</b> <small>Date Daytime Phone</small>			