

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

10 OCT 14 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2010



10142010 REIN-NP CR2E099 (1/07)

DOCUMENT # N24383

1. Entity Name
GLORIOUS CHURCH OF THE LORD JESUS CHRIST OF
THE APOSTOLIC FAITH, INC.



Principal Place of Business
213 E. 6TH ST
JACKSONVILLE, FL 32206 US

Mailing Address
P.O. BOX 40311
JACKSONVILLE, FL 32203

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
59-3015914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BOWSER, APOSTLE J.H. SR
1625 N. MARKET ST
JACKSONVILLE, FL 32206

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 *Apostle J.H. Bowser Sr.* (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2011, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWSER, APOSTLE J.H. SR 1625 N. MARKET ST JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, R. W BISHOP 950 12TH ST NEWPORT NEWS, VA 23607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWSER, FRANCES M 617 49TH ST NEWPORT NEWS, VA 23607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIN GIRARD, MICHAEL A 7536 SHARBETH DRIVE SOUTH JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300186681423 10/14/10--01011--014 **245.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: *Apostle J.H. Bowser Sr.* Date: Oct. 14, 2010 (904) 356-2250