

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
AUG - 2 PM 2:40
TALLAHASSEE, FLORIDA

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. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3015914				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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.			400238091024 08/02/12--01008--024 **297.50		
SIGNATURE: <u>Apostle John H. Bowser</u>			Date: <u>8/2/2012</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			E-MAIL ADDRESS		