

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N29242**

1. Corporation Name

**AMAZING GRACE FULL GOSPEL CHURCH, INC.**

Principal Place of Business

Mailing Address

5518 DUNN AVE  
JACKSONVILLE FL 32218  
US

11130 HAWTHORNE STREET  
JACKSONVILLE FL 32218

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**6608 OLD Kump Rd**

3. New Mailing Office Address, If Applicable

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

Zip

**32208**

Country

**U.S.**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/14/1988**

5. FEI Number

**59-2923602**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	NETTLES, MARIE	11130 HAWTHORNE STREET	JACKSONVILLE FL
TD	NETTLES, DAVID	11130 HAWTHORN	JACKSONVILLE FL
<del>STD</del>	<del>HEPNER, FLOYD</del>	<del>6915 OVINGTON RD</del>	<del>JACKSONVILLE FL</del> <b>DECEASED</b>
ED	PASCHAL, MARGARET	2100 BEACH BLVD.	JACKSONVILLE FL
ED	ROGERS, MARTHA	11110 HAWTHORN ST.	JACKSONVILLE FL
<del>TD</del>	<del>JOHNSON, NEIL</del>	<del>% 11130 HAWTHORNE ST.</del>	<del>JACKSONVILLE FL 32218</del> <b>NO LONGER AT Church</b>

8. Name and Address of Current Registered Agent

NETTLES, MARIE, PASTOR  
11130 HAWTHORNE ST.  
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

**800023705518**  
**10/10/03--01028--018 \*\*236.25**

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**Marie A. Nettles**  
REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**Glenda E. Hood**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/9/03**  
Date

Daytime Phone #

CR2EC40 (7/03)