

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC 28 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

DOCUMENT # N33392

1. Entity Name
FULL GOSPEL MIRACLE REVIVAL CENTER OF
ORLANDO, FLA. INC.



Principal Place of Business
4229 LK RICHMOND
ORLANDO, FL 32811

Mailing Address
4229 LK RICHMOND
ORLANDO, FL 32811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12132004

REIN-NP

CR2E099 (6/04)

4. FEI Number
59-3013678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, ROOSEVELT
4229 LAKE RICHMOND DR
ORLANDO, FL 32811

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/21/04

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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
D
WILLIAMS, ROOSEVELT
4229 LAKE RICHMOND DR
ORLANDO, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Runette Mitchell
2505 Ravenall Ave
Orlando, Fla. 32811 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, JESSIE
4229 LAKE RICHMOND DR
ORLANDO, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Omar Anderson SR.
1243 Poppy St.
Orlando, Fla. 32811 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RANDLE, SHARON
3420 ECKSTON ST. 11-1
ORLANDO, FL 32805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Jw Mitchell
4229 Lake Richmond Dr.
Orlando, Fla. 32811 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Mose Robinson
4202 Gaither St.
Orlando, Fla. 32811 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Alma Harris
P.O. Box 590383
Orlando, Fla. 32859 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900043671099
12/28/04--01029--007 **\$1.25 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/21/04