

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N43949

FILED
Oct 08, 2007
Secretary of State

Entity Name: JOSEPHINE STREET-CHURCH OF THE LIVING GOD OF BROOKSVILLE, INC.

Current Principal Place of Business:

918 JOSEPHINE ST
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1504
BROOKSVILLE, FL 34605

New Mailing Address:

FEI Number: 59-2873867 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VANLOW, RALPH E
918 JOSEPHINE ST
BROOKSVILLE, FL 34601 US

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.

SIGNATURE: RALPH E. VANLOW

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, WILLIE JR.
Address: 11397 SHADY REST CT.
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: OLIVER, DANIEL
Address: 1102 S. MAIN ST.
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: WILLIAMS, DORIS
Address: P.O. BOX 398 N/A
City-St-Zip: SAN ANTONIO, FL

Title: O () Delete
Name: BENNETT, ERMA
Address: PO BOX 1504
City-St-Zip: BROOKSVILLE, FL 34605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS WILLIAMS

D

10/08/2007

Electronic Signature of Signing Officer or Director

Date