

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N45938

1. Entity Name  
GRACEVILLE FIRST ASSEMBLY OF GOD, INC.



FILED

06 NOV -8 PM 4:39

Principal Place of Business  
5565 BROWN STREET  
GRACEVILLE, FL 32440

Mailing Address  
5565 BROWN ST  
GRACEVILLE, FL 32440 US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10252006 REIN-NP CR2E099 (11/05)

City & State

City & State

4. FEI Number  
59-3104319

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MILES, SEAN L  
5565 BROWN ST.  
GRACEVILLE, FL 32440

Name CHARLES Jackson  
Street Address (P.O. Box Number is Not Acceptable)  
5565 BROWN ST  
City GRACEVILLE FL Zip Code 32440

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 CHARLES Jackson Charles E. Jackson 10-23-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2007, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MILES, SEAN L	
STREET ADDRESS	5565 BROWN ST.	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLOUNT, STANLEY	
STREET ADDRESS	5565 BROWN ST	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PINA, CHRISTOPHER	
STREET ADDRESS	755 BRICKYAD RD	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Jackson	
STREET ADDRESS	5565 BROWN ST	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5565 BROWN ST	
STREET ADDRESS	GRACEVILLE FL 32440	
CITY-ST-ZIP		
TITLE	SECT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucy Polston	
STREET ADDRESS	5565 BROWN ST	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: CHRISTOPHER PINA Christopher Pina 10-23-06 850-638-6110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #