

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY -2 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003242

1. Corporation Name

THE LORD JESUS CHRIST HOLINESS DELIVERANCE CHURCH FOR ALL PEOPLE, INC.

Mailing Address

3846 FREEMAN RD.  
JACKSONVILLE FL 32207

Principal Place of Business

3846 FREEMAN RD.  
JACKSONVILLE FL 32207

400005509824--4  
-05/14/02--01060--025  
\*\*\*\*726.25 \*\*\*\*726.25

REINSTATEMENT 94-02

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/14/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	GREEN, ELLENE	3846 FREEMAN RD.	JACKSONVILLE FL 32207
VD	COLEMAN, FLORA D	8604 BUCKINGHAM RD.	JACKSONVILLE FL 32208
TD	COLEMAN, MARION	8604 BUCKINGHAM RD.	JACKSONVILLE FL 32208
SD	HARPER, JEARLDINE G	7200 POWERS AVE., APT. 145	JACKSONVILLE FL 32217
D	MCINTOSH, MARION	P.O. BOX 141 N/A	FLORAHOME FL 32140
D	HARPER, SOLOMON JR.	7200 POWERS AVE., APT. 145	JACKSONVILLE FL 32217

8. Name and Address of Current Registered Agent

GREEN, ELLENE  
3846 FREEMAN RD.  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of Registered Agent

*Ellene Green*

Date

2/14/2008

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Jearldine Harper*

2/14/2008

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