

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 13 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005085**

1. Corporation Name

CHURCH OF GOD OF PROPHECY, WESTSIDE INC.

W06-42958

2. Principal Office Address

1862 FOURAKER RD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32221

Country

DUVAL

3. Mailing Office Address

1862 FOURAKER RD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

Zip

32221

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1993

5. FEI Number

59-321-2492

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-080

7. Name and Address of Current Registered Agent

Name

IMOGENE J. GILLIARD

Chairperson of Board

Street Address (P O Box Number is Not Acceptable)

7060 KNOTTS DR.

100080273351

Suite, Apt. #, Etc

09/29/06--01005--017 **490.00

City

JACKSONVILLE

State

FL

Zip Code

32210

8. I, being appointed the registered agent of the above named corporation am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Imogene J. Gilliard
REGISTERED AGENT MUST SIGN

Date

09-26-06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Treasurer</i>	MARIE TILLMAN	4180 DAVIE COURT	JAX., FL. 32210
<i>Board Member</i>	JOHN BERRY	2128 MARCIA DR.	ORANGE PARK, FL 32073
<i>Secretary</i>	FAYE BULLARD	6092 MAGELLAN RD.	JAX. FL. 32222
<i>Member</i>	ANGELA REED	8985 NORMANDY BLVD. #171	JAX., FL. 32221
<i>Member</i>	CHARLES R WHITTAKER	4172 DAVIE COURT	JAX., FL. 32210
<i>Member</i>	DALE KITCHENS	1558 MARBLE LAKE DR.	JAX., FL. 32221

10. 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 contained in Chapter 119, 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

K. Eckel OCT 19 2006

SIGNATURE:

Imogene J. Gilliard
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/26/06

904-771-3320
Daytime Phone #