

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 20 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005900**

1. Corporation Name

ARMOUR OF GOD CHRISTIAN CENTER CHURCH, INC.

Principal Place of Business

Mailing Address

3535 SPRING PARK RD.
JACKSONVILLE FL 32207

3535 SPRING PARK RD.
JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable

2820 Gibson Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 47094

Suite, Apt. #, etc.

City & State

Jacksonville, FL.

City & State

Jacksonville, FL.

Zip

32207

Country

US

Zip

32207

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1994

5. FEI Number

59-3210108

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRIGGS, A.V.	2820 Gibson Rd. 3535 SPRING PARK RD.	Jacksonville, FL 32207 JACKSONVILLE FL 32207
D	BRIGGS, DEBI	2820 Gibson Rd. 3535 SPRING PARK RD.	Jacksonville, FL 32207 JACKSONVILLE FL
D	ROBINSON, VONN	2820 Gibson Rd. 3535 SPRING PARK RD.	Jacksonville, FL. 32207 JACKSONVILLE FL 32207
D	PLESS, BERT	2820 Gibson Rd. 3535 SPRING PARK RD.	Jacksonville, FL. 32207 JACKSONVILLE FL 32207
D	MCLENDON, BRENDA	2820 Gibson Rd. 3535 SPRING PARK RD.	Jacksonville, FL. 32207 JACKSONVILLE FL 32207
D	PLESS, KIM	2820 Gibson Rd. 3535 SPRING PARK RD.	Jacksonville, FL. 32207 JACKSONVILLE FL
D	ACREE, WAYNE	3535 SPRING PARK RD	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

BRIGGS, PASTOR A.V.

~~3535 SPRING PARK RD.~~

~~JACKSONVILLE FL 32207~~

9. Name and Address of New Registered Agent

Name

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

2820 Gibson Road

Suite, Apt. #, Etc.

600003031386--4

City

Jacksonville,

State

FL

Zip

32207

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

Pastor A.V. Briggs

REGISTERED AGENT MUST SIGN

Date **10-16-99**

11. 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 under section 119.07(3)(i), 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.

KE

SIGNATURE:

Wayne Acree

WAYNE ACREE

10-16-99

Date

904-396-5351

Daytime Phone #