





2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000000055 1. Entity Name HARDWAY ASSEMBLY OF GOD, INC.						FILED 04 NOV -1 AM 9:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2914 PINE GROVE CH RD QUINCY, FL 32351				Mailing Address 2914 PINE GROVE CH RD QUINCY, FL 32351			
2. Principal Place of Business		3. Mailing Address				10262004 REIN-NP CR2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		4. FEI Number 65-0564910		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BRASWELL, PEARL E 2914 PINE GROVE CHURCH ROAD QUINCY, FL 32351-5465				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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		 Pearl E. Braswell				10-28-2004 DATE	
FILE NOW!!! FEE IS \$238.25 After January 1, 2005, 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	D	RYALS, ROBIN A		TITLE			
NAME		66 N. VIRGINIA ST.		NAME			
STREET ADDRESS		QUINCY, FL 32351		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	DEAN, JOHN H		TITLE			
NAME		RT. 1 BOX 886		NAME			
STREET ADDRESS		CHATTAHOOCHEE, FL 32324		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	SANDLER, TOMMY W		TITLE			
NAME		10632 BLUESTAR HWY		NAME			
STREET ADDRESS		QUINCY, FL 32352		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		 Tommy W. Sadler				10-28-2004 - 850-886-5490 Date Daytime Phone #	