

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 15 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N97000002035*

1. Corporation Name
*Church of the Lord Jesus Christ
of Indian River County, Inc.*

REINSTATEMENT 02

000010135070
01/15/03--01076--001 **245.00

2. Principal Office Address
3615 59th Avenue

3. Mailing Office Address
3965 45th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Vero Beach, FL

City & State
Vero Beach, FL

Zip Country
32960 Indian River

Zip Country
32967 Indian River

4. Date Incorporated or Qualified
To Do Business in Florida *04/10/1997*

5. FEI Number
65-0797011

Applied For...
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Robert L. Pegg

Street Address (P.O. Box Number is Not Acceptable)
1428 21st Street

Suite, Apt. #, Etc.

City
Vero Beach

State
FL

Zip Code
32960

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
[Signature]

REGISTERED AGENT MUST SIGN

Date *1-10-03*

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
P/D	<i>Sterling Jones</i>	<i>3965 45th Place</i>	<i>Vero Beach, FL 32967</i>
D/VP	<i>Dorothy Jones</i>	<i>3965 45th Place</i>	<i>Vero Beach, FL 32967</i>
D/s	<i>Kathaleen Ross</i>	<i>3971 45th Place</i>	<i>Vero Beach, FL 32967</i>

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 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.

SIGNATURE: *Sterling Jones*

Sterling Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

772-562-5720
Daytime Phone #

CR2E081 (10/02)

gs 1/16

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *N97000002035*
 1. Entity Name
*Church of the Lord Jesus Christ
 of Indian River County, Inc.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3615 59th Avenue
 Suite, Apt. #, etc.

3. Mailing Address
3965 45th Place
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Vero Beach, FL

City & State
Vero Beach, FL

Zip
32967

Country
Indian River

Zip
32967

Country
Indian River

4. FEI Number
65-0797011

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert Pegg

Street Address (P.O. Box Number is Not Acceptable)
1428 21st Street

City
Vero Beach

FL Zip Code
32960

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 *[Signature]* DATE *1-10-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Sterling Jones 3965 45th Place Vero Beach, FL 32967</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D, VP Dorothy Jones 3965 45th Place Vero Beach, FL 32967</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D, S Kathaleen Ross 3971 45th Place Vero Beach, FL 32967</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Sterling Jones* Date *772-562-5720*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)

2/11/06