

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N97000002595

1. Corporation Name

ST. JOHNS HOLINESS CHURCH, INC.

Principal Place of Business

Mailing Address

859 7TH STR  
LIVE OAK FL 32060

859 7TH STR  
LIVE OAK FL 32060

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

2. New Principal Office Address, If Applicable

911 ADDRESS  
Suite, Apt. #, etc. 847 7th STR  
City & State LIVE OAK, FL  
Zip 32060 Country SUWANNEE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. PO BOX 1044  
City & State JASPER, FL  
Zip 32053 Country HAMILTON

4. Date Incorporated or Qualified To Do Business in Florida

05/05/1997

5. FEI Number

59-3452518

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	ROBINSON, ELDER A	859 WEST 7TH AVE.	LIVE OAK FL 32060
CT	THOMAS, SARAH P	EAST ADAMS MEMORIAL DR.	WHITE SPRINGS FL
T	JONES, ELAINE	737 IRVIN AVE.	LIVE OAK FL
T	HOWELL, ZELLENE	RT. 1 BOX 27-C	JENNINGS FL 32058
T	WARD, DAVE	855 WEST 7 STR	LIVE OAK FL 32060
T	HARRIS, EARLENE	855 WEST 7TH ST.	LIVE OAK FL 32060

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINSON, ELDER A  
859 WEST 7TH STR  
LIVE OAK FL 32060

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

REGISTERED AGENT MUST SIGN

Date 10-18-99

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABRAHAM ROBINSON

Date

Daytime Phone #

200003051922--5  
-11/22/99--01138--005  
\*\*\*\*175.00 \*\*\*\*175.00  
10-18-99 362-2123

CR2E040 (8/99)