

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N99000004149

**FILED**  
**Jun 28, 2011**  
**Secretary of State**

**Entity Name:** THE OLD PATH CHURCH OF THE APOSTOLIC FAITH, INC.

**Current Principal Place of Business:**

1912 N. HOWARD AVE.  
TAMPA, FL

**New Principal Place of Business:**

5010 N 34TH ST  
TAMPA, FL 33610

**Current Mailing Address:**

P.O. BOX 310753  
TAMPA, FL 336081753

**New Mailing Address:**

P.O. BOX 310753  
TAMPA, FL 336081753 US

**FEI Number:** 59-3383107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLUE, MAZIE S  
5010 N 34TH ST  
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: MAZIE S. BLUE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR.  
Name: BLUE, MAZIE S  
Address: 5010 N 34TH ST  
City-St-Zip: TAMPA, FL 33610 US

Title: DIR.  
Name: BLUE, MAZIE S  
Address: 5010 N 34TH ST  
City-St-Zip: TAMPA, FL 33610 US

Title: SEC.  
Name: PEELAR, AARONISA  
Address: 5010 N 34TH ST  
City-St-Zip: TAMPA, FL 33610 US

Title: SVD  
Name: MAYS, NORMA  
Address: 5010 34TH ST  
City-St-Zip: TAMPA, FL 33610 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAZIE S. BLUE

DIR.

06/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date