

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 JAN -4 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004582

1. Entity Name
NEW COVENANT HOUSE OF PRAYER OF THE
APOSTOLIC FAITH, INC.



Principal Place of Business
121 E. 43RD. STREET
JACKSONVILLE, FL 32208

Mailing Address
121 E. 43RD. STREET
JACKSONVILLE, FL 32208



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10112007 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number
31-1730776

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OATES, JEROME
121 E. 43RD. STREET
JACKSONVILLE, FL 32208

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, 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 PD ☐ Delete
NAME OATES, JEROME
STREET ADDRESS 121 E. 43RD. STREET
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700113759567
01/04/08--01019--005 **236.25

TITLE TD ☐ Delete
NAME ANDERSON, PATRICIA A
STREET ADDRESS 5417 TELFAIR STREET
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BOWLES, WILLIE L
STREET ADDRESS 1025 IONIA STREET
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 07 ks

TITLE D ☐ Delete
NAME OATES, EULA MAE
STREET ADDRESS 121 E. 43RD. STREET
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jerome Oates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dec 29, 07 3548974