

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # N99000007053</b><br>1. Entity Name<br><b>GOULDS FIRST CHURCH OF THE NAZARENE, INC.</b>  |  |  |   |
| Principal Place of Business<br>11805 SW 232 ST.<br>GOULDS, FL 33170   |  | Mailing Address<br>11805 SW 232 ST.<br>GOULDS, FL 33170  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>P.O. Box 425</b><br>Suite, Apt. #, etc.   |   |
| City & State<br><b>Goulds FLA</b>   |  | 4. FEI Number<br><b>65-0501824</b>   |   |
| Zip<br><b>33170</b>   |  | Country<br><b>USA</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent<br><b>MITCHELL, MITCHELL V II</b><br><b>11805 SW 232 STR</b><br><b>GOULDS, FL 33170</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>Larry V. Mitchell II</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11805 SW 232 STR</b><br>City <b>Goulds</b> <b>FL</b> Zip Code <b>33170</b> |   |
| 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 <b>Larry V. Mitchell II</b> <b>Cynthia Hughes</b> <b>1/06/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |   |
| <b>FILE NOW!!! FEE IS \$61.25</b><br><b>After January 1, 2005, Fee will be \$122.50</b>   |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>ALLEN, LILLIAN</b><br><b>8741 NW 34TH AVE. RD.</b><br><b>MIAMI, FL 33147</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000043004970</b><br><b>11/24/04--01058--006 **\$1.25</b>                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>COFFEE, WILLIE</b><br><b>11965 SW 217TH ST.</b><br><b>GOULDS, FL 33170</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Larry Mitchell</b><br><b>11805 SW 232 STR</b><br><b>Goulds, FL 33170</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>HUGHES, CYNTHIA</b><br><b>9860 DOMINICAN DRIVE</b><br><b>MIAMI, FL 33189</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000043004970</b><br><b>02/22/05--01024--012 **\$122.50</b>                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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: <b>Larry V. Mitchell II</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | <b>11-21-04</b><br><small>Date Daytime Phone #</small>   |   |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

04-05