

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N95000002830**

1. Corporation Name

SPRINGFIELD TRUE CHURCH OF GOD INC.

Principal Place of Business

Mailing Address

49 W. 16TH ST.
JACKSONVILLE FL 32206

49 W. 16TH ST.
JACKSONVILLE FL 32206

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1995

5. FEI Number

59-3248907

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
P	JAMES, SR., MICHAEL	3058 DILLON STREET 306 Fawnridge Ln.	JAX FL 32205 Orange Park, FL 32073
T	MONTGOMERY, WILLIAM	3435 KINGSTON ST	JAX FL 32205
T	BAKER, OTIS	3309 PHYLLIS STREET	JAX FL 32205
T	OLIVER, DARIAN	8466 PERKINS COURT	JAX FL 32210
D	BROWN, CHARLES	2525 LAMEE LANE	JAX FL 32210
D	WRIGHT, JOHNNI M.	222 SILVER CREEK CT #9	JAX FL 32218

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES, ELDER MICHAEL SR.

~~3058 DILLON ST.~~

~~JACKSONVILLE FL 32254~~

306 Fawnridge Ln.

Orange Park, FL 32073

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

14-OCT-01

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

Date

Daytime Phone #

14-OCT-01 904-772-1069



REINSTATEMENT 07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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