

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W04000025027

FILED
04 JUL 22 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710740

1. Corporation Name
ST. ~~PHILIP~~ CHRISTIAN METHODIST EPISCOPAL
CHURCH, INC.

2. Principal Office Address
1920 Lillie Street
Ft. Myers, FL 33916
Suite, Apt. #, etc.

3. Mailing Office Address
1920 Lillie Street
Ft. Myers, FL 33916
Suite, Apt. #, etc.

REINSTATEMENT 00-04

800038394718
06/28/04--01077--004 **\$655.00

City & State
Ft. Myers, FL 33916

City & State
Ft. Myers, FL 33916

4. Date Incorporated or Qualified
To Do Business in Florida 04/19/1966

5. FEI Number 62-7043665 Applied For
Not Applicable

Zip Country
33916 Lee

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33916 Lee

6. CERTIFICATE OF STATUS DESIRED **\$375 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
REV. WILLIAM KELLY, JR.

Street Address (P.O. Box Number is Not Acceptable)
810 42nd. Street

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State Zip Code
FL 33407

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Date 06/25/04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/PD	Rev. William Kelly, Jr.	810 42 Street	West Palm, Beach, FL 33407
Sec	Rev. Barbara Jenkins	1425 Lura Avenue	Ft. Myers, FL 33916
VPD	Rev. Maurice Gilmore	2181 Braden Street	Ft. Myers, FL 33916
TREA	Barbara Leonard	816 Van Buren Street	Ft. Myers, FL 33916
DIR	Connie Lizze Chester	3154 Douglas Avenue	Ft. Myers, FL 33916
DIR	Ethel Wilcox	2053 Brown Street	Ft. Myers, FL 33916

10. 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: Rev. William Kelly, Jr. (561) 842-9608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)