

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00279**

FILED

97 MAY -9 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
Hope Chapel Ministries/Women's Christian Fellowship, Inc.

Principal Place of Business

Mailing Address

**12895 Bentwater Drive
Jacksonville, Florida 32246**

REINSTATEMENT 95-97

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

4. Date Incorporated or Qualified
To Do Business in Florida
12-12-83

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2439897

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/O	Laster, Gerrie D	12895 Bentwater Drive	Jacksonville, FL 32246
V/P/O	Woodberry, Paul H Jr.	3603 Elkridge Lane	Valrico, FL 33594
S/O	Townsend, Odessa	2920 Forbes St.	Jacksonville, FL 32205

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-05/15/97--01003--005
****358.75 ****358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Walker, Chris, Attorney
3110 Pasco Street
Tallahassee, FL**

Name

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

Suite, Apt. #, Etc.

City

State

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

Chris Walker

REGISTERED AGENT MUST SIGN

Date **5-9-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

GERRIE D LASTER
Gerrie D Laster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1997

Date

904-223-8980

Daytime Phone #

CR2E040 (12/96)