

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV -7 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700008878627  
11/07/02--01085--001 \*\*201.25



REINSTATEMENT 02

DOCUMENT # **N01000007305**

1. Corporation Name

**THE MSGR. JOHN P. STEVENSKY CHARITABLE FOUNDATIO  
N, INC.**

Principal Place of Business

6511 NW 58 ST  
TAMARAC FL 33321

Mailing Address

6511 NW 58 ST  
TAMARAC FL 33321

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/2001

5. FEI Number

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STEVENS, REV JOHN P	6511 NW 58 ST	TAMARAC FL 33321
D	BARNA, JOANN	6511 NW 58 ST	TAMARAC FL 33321
D	DEUTSCH, BARBARA	4240 CHANTELE DR, #201-B	NAPLES FL 34112

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*John P. Stevens*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-1-2002

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:

*John P. Stevens*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-2002

Date

Daytime Phone #

CR2E040 (8/02)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
this statement of change is submitted for a corporation organized under the laws of the State of  
Florida in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: The Msgr. John P. Stevensky Charitable Foundation
2. The principal office address: 6511 N.W. 58th Street  
Tamarac, FL 33321
3. The mailing address (if different): 6511 NW 58th Street  
Tamarac, FL 33321
4. Date of incorporation/qualification: 10-12-2001 Document number: N01000007305

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

National Registered Agents, Inc.  
P.O. Box 927  
Nest Windsor, N.J. 08550-0927

6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):

Msgr. John P. Stevensky  
6511 N.W. 58th Street  
(P.O. Box or personal mailbox NOT acceptable)  
Tamarac, FL 33321

The street address of its registered office and the street address of the business office of its registered  
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Msgr. John P. Stevensky  
(Signature of an officer, chairman or vice chairman of the board)

Msgr. John P. Stevensky, President  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.

Msgr. John P. Stevensky  
(Signature of Registered Agent)

Sept. 24, 2002  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314