

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

MAR 17 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21969

1. Corporation Name

THE FIRST SOUTHERN METHODIST CHURCH, INC.

Principal Place of Business

103 WEST JOHNSON ROAD
PLANT CITY FL 33566-5766

Mailing Address

103 WEST JOHNSON ROAD
PLANT CITY FL 33566-5766



REINSTATEMENT 97-9900

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

08/10/1987

5. FEI Number

59-2370184

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 (Do NOT Use Post Office Box Numbers)	
D	TWEADY, LINDA L	2709 W. LOWRY AVE. 26 Violet Street	PLANT CITY FL 33567
VD	DORSEY, LAURENT	1610 MERIDITH PLACE	PLANT CITY FL 33567
PTD	TWEADY, NANCY J	2709 W. LOWRY AVE. 26 Violet Street	PLANT CITY FL 33567
D	TWEADY, SIDNEY M	THOSS ROAD 1010 Warnell Street	PLANT CITY FL 33566
D	HUMPHREY, RICHARD Bawls, Richard	2903 JIM JOHNSON ROAD 503 Wiggins Road	PLANT CITY FL
D	Wila Mae Buti	4105 Mud Lake Road	Plant City, FL

8. Name and Address of Current Registered Agent

TWEADY, LINDA
2709 W. LOWRY AVE.
PLANT CITY FL 33567

9. Name and Address of New Registered Agent

Name
Linda Tweady
Street Address (P.O. Box Number is Not Acceptable)
26 Violet Street
Suite, Apt. #, Etc.
City
Plant City
State
FL
Zip Code
33567

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

Linda Tweady
REGISTERED AGENT MUST SIGN

Date

2/05/99
8/26/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(b), 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

NANCY J. TWEADY

02/05/99

8/26/97 813 248 9220

01 813-754-7225

CR2E040 (8/97)