

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # N93000000150

FILED

97 DEC -9 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Calvary Worship Center,
Inc. of Chiefland

Principal Place of Business

Mailing Address

P.O. Box 2284
Chiefland, Fl.
32626

REINSTATEMENT 04-97
REINSTATEMENT 94-97

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

Hawaii 14, 1993

5. FFL Number

59-3175378

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)	7000002376047-6 -12/18/97-01002-004 ****420.00 ****420.00
P	Dennis Webber-D	1110 SW 2nd Ave. Chiefland, FL 32626	
V.P.	Les Boileau-D	6251 NE 100 Ave. Brouson, FL	
T.	Bob Smith-D	5250 NW 50th Ave. Chiefland, FL 32626	

12-10-97

8. Name and Address of Current Registered Agent

Calvary Worship Center,
Inc. of Chiefland
P.O. Box 2284
Chiefland, FL 32626

9. Name and Address of New Registered Agent

Name: Dennis Webber
Street Address (P.O. Box Number is Not Acceptable):
1110 NW 2nd Ave.
Suite, Apt. #, Etc.:
City: Chiefland State: FL Zip Code: 32626

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: Dennis W. Webber
REGISTERED AGENT MUST SIGN

Date: 10/30/97

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: Dennis Webber - DENNIS WEBBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/30/97
Daytime Phone #: 352-486-5388

CP2504C (12-96)