

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 OCT 19 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750996

1. Corporation Name

THE TALLAHASSEE CHURCH OF CHRIST, INC.

Principal Place of Business

901 THOMASVILLE RD
TALLAHASSEE FL 32303

Mailing Address

~~901 THOMASVILLE RD~~ 313 Johnston St
TALLAHASSEE FL 32303
US



600004652126--0
-10/25/01--01001--022

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

02/12/1980

5. FEI Number

59-2110536

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
DPD	GROSS, FRANK B	3733 LIFFORD CIRCLE	TALLAHASSEE FL 32308
DS C	BOGAN, BILL	3672 STIRLING DR	TALLAHASSEE FL 32308
DS	NASH, JENNIFER T	4039 ROSCREA DR	TALLAHASSEE FL 32308
T	Younger, Kevin	2316 Limerick Dr	Tallahassee / FL / 32308
D	Krueger, Eric	2944 Woodrich Dr, Apt A	Tallahassee / FL / 32301

8. Name and Address of Current Registered Agent

DANIEL, STEPHANIE
1511 TWIN LAKES CIRCLE
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.

Signature of
Registered Agent

X

REGISTERED AGENT MUST SIGN

Date

X 10-19-01

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:

Eric Krueger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.19.01

Daytime Phone #

224-0914