

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

02 DEC 31 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000005924**

1. Corporation Name

EDGEWOOD CHURCH OF CHRIST IN LAKELAND, FLORIDA, INC.

Principal Place of Business

**1815 EAST EDGEWOOD DR
LAKELAND FL 33803**

Mailing Address

**1815 EAST EDGEWOOD DR
LAKELAND FL 33803**

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

08/16/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3742637

Not Applicable

Zip

Country

Zip

Country

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	ANTHONY, G. PARKER	8213 N CAMPBELL RD	LAKELAND FL 33810
D	BROWN, RICHARD H	225 HILLSIDE DR	LAKELAND FL 33803
D	BROWN, WILLIAM D	5556 HIGHLANDS VISTA CIR	LAKELAND FL 33813
D	GILCHREST, RALPH III	1910 CLUBHOUSE RD	LAKELAND FL 33813
D	KALEY, ROBERT	1920 E EDGEWOOD DR, # H-1	LAKELAND FL 33803

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BROWN, WILLIAM D
1815 EAST EDGEWOOD DR
LAKELAND FL 33803**

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

SIGNATURE REQUIRED
William D Brown
REGISTERED AGENT MUST SIGN

Date **12-9-02**

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)(l), 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 REQUIRED
Robert Kaley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/02

Daytime Phone #

CR2E040 (8/02)

EDGEWOOD CHURCH OF CHRIST
1815 EAST EDGEWOOD DR.
LAKELAND, FL. 33803

December 9, 2002


Division of Coporations
Annual Report/Reinstatment Section
P. O. Box 6327
Tallahassee, FL.
32314-6327

RE: Application for Reinstatement
Document # N01000005924

TO WHOM IT MAY CONCERN:

We have no record of receiving the UBR. Please accept
our check for \$61.25 for reinstatement.

Thank you,


William D. Brown,
Registered Agent