

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 23 AM 10:57

DOCUMENT # **701079**

1. Corporation Name

**FIRST CHRISTIAN CHURCH OF CLEARWATER, FLORIDA, INC.**

Principal Place of Business

Mailing Address

2299 DREW STREET  
CLEARWATER FL 33765  
US

2299 DREW STREET  
CLEARWATER FL 33765  
US

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 5--004 \*\*\*61.25  
06/14/1960

5. FEI Number

59-0816438

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MACBAIN, JOHN	1657 COACHMAKERS LANE	CLEARWATER FL 33765
D	SCHMIDT, PAUL	207 MIDWAY ISLAND	CLEARWATER FL 33767
D	JAMES, ROY H JR	313 HARBOR VIEW LANE	LARGO FL 33770
T	DUBE, LUCIEN H	94 COTTAGEWOOD DRIVE	SAFETY HARBOR FL 34695
P	BOGIE, LARRY	5189 HUNTERS LANE	OLDSMAR FL 34677
D	HOFFMAN, ROBERT	1855 BRENTWOOD DR.	CLEARWATER FL 33764

8. Name and Address of Current Registered Agent

DAVIS, WILLIAM  
1824 MURRAY AVE  
CLEARWATER FL 33755

9. Name and Address of New Registered Agent

Name

JOHN MACBAIN

Street Address (P.O. Box Number is Not Acceptable)

1657 COACHMAKERS LANE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33765

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]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

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:

*[Signature]*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

10/28



2/2

## *First Christian Church of Clearwater*

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Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Attached please find our application for reinstatement. When we sent in our original UBR (copy enclosed) we neglected to enclose a check. I have been told that the State returned this form to us, but we never received it. Therefore, we were unaware that we were not compliant. We are enclosing a check for the required amount per instructions from Barbara of your office. Please feel free to contact me if there is any additional information we need to provide.

Sincerely,

Thomas P. Bannen, Director of Administration