

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

98 MAY -1 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

701491

1. Corporation Name

Tallahassee Church of God, Inc.

Principal Place of Business

Mailing Address

1304 Central Street
Tallahassee, Florida 32303

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1304 Central Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32303

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/60

5. FEI Number

Requested 4/9/98

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Annie F. Taylor	2345 Monday Street	Tallahassee, FL 32301
VP/D	Brenda Slaughter	6752 Hugh Road	Tallahassee, FL 32308
S/T/D	Josette Marquess	109 Young Street	Tallahassee, FL 32301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Wm. Scott Lindsey

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

1407 Piedmont Drive East

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32312

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

Wm Scott Lindsey

REGISTERED AGENT MUST SIGN

Date

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)(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:

Josette P. Marquess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-98

Date

488-8000x605

Daytime Phone #