

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR 24 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 701984

1. Corporation Name

First Presbyterian Church of Marianna,  
Inc

2. Principal Office Address

2898 Jefferson Street

Suite, Apt. #, etc.

City & State

Marianna, FL

Zip

32446

Country

Jackson

3. Mailing Office Address

2898 Jefferson Street

Suite, Apt. #, etc.

City & State

Marianna, FL

Zip

32446

Country

Jackson

4. Date Incorporated or Qualified  
To Do Business in Florida

02/02/1961

5. FEI Number

59-1087264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

Chuck Morgan

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

4384 Angela Drive

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32446

900049736589  
04/04/05--01003--006 \*\*297 60

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

3/23/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Chuck Morgan	4384 Angela Drive	Marianna, FL 32446
V	Jake Gunter	4290 Lafayette Street	Marianna, FL 32446
S/T	Jim Gibbs	2633 Indian Springs Road	Marianna, FL 32446
D	Dale Eade	3958 Old U.S. Road	Marianna, FL 32446
D	Ruth Sherrel	3084 Fourth Street	Marianna, FL 32446
D	Joy Hinton	5092 Creek Path	Marianna, FL 32446

10. 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chuck Morgan

3/23/05

Date

Daytime Phone #

CR2E081 (01/05)