

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 8:00

DOCUMENT # **703490**

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF POMPANO BEACH, INC.

Principal Place of Business

Mailing Address

210 N.E. 3RD STREET
POMPANO BEACH FL 33060-3651

210 N.E. 3RD STREET
POMPANO BEACH FL 33060-3651

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

01/22/1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-0718496

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VCD	ALLEN, SCOTT	405 NE 5TH AVE	POMPANO BEACH FL 33060
D	MARK TAYLOR	10 SE 15 Avenue	POMPANO BEACH FL 33060
VCD	PATTY GOFF	3847 Carambola Circle N	Coconut Ck. 33066
D	BILL BENEDICT	271 SW 11 St.	POMPANO BEACH FL 33060
D	PAULA PORTCH 9153 SW 1 PL		Boca Raton FL
P	ENGLE, STEVE	436 NE 2 St.	POMPANO BCH FL 33060

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WILLIAMS, JAMES M~~
~~1701 E ATLANTIC BLVD.~~
~~SURE M~~
~~POMPANO BEACH FL 33060~~

Name
MARGIE MULCAHEY
Street Address (P.O. Box Number is Not Acceptable)
210 NE 3 St.
Suite, Apt. #, Etc.
City
POMPANO BEACH.
State
FL
Zip Code
33060-6651

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

Margie Mulcahey
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/21/03**

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:

Stephan D. Engle
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 21 2003

Date

Daytime Phone #

CR2E040 (7/03)

REINSTATEMENT 03
 MRS

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10/23/03-01092-006 **236.25