

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707337

1. Corporation Name
New Wesley United Methodist Church
of St. Petersburg

2. Principal Office Address - No P O Box #
301 37th Ave N
Suite, Apt. #, etc

3. Mailing Office Address
301 37th Ave N
Suite, Apt. #, etc

City & State
St Petersburg, FL

City & State
St Petersburg, FL

Zip
33704 County
Pin

Zip
33704 County
Pin

4. Date Incorporated or Qualified
To Do Business in Florida 5/25/1964

5. FEI Number
59-0935753 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Debbie Fineman

Street Address (P O Box Number is Not Acceptable)
301 37th Ave N

Suite, Apt. #, Etc

City
St Petersburg State
FL Zip Code
33704

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 Debbie Fineman Date March 10, 2020
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
TD	Debbie Fineman	301 37 th Ave N	St Petersburg FL 33704
PCD	John Ekers	301 37 th Ave N	St Pete FL 33704
VD	John Intero	301 37 th Ave N	St Pete FL 33704

APR 28 2020

S. YOUNG

10 E-mail Address: johnweker@yahoo.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

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

Date 3/30/20 Daytime Phone # 927 688 1760

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE
 2020 APR 13 AM 7:08
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