

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 37<sup>th</sup> Ave N

Suite, Apt. #, etc

3. Mailing Office Address

301 37<sup>th</sup> Ave N

Suite, Apt. #, etc

City & State

St Petersburg, FL

City & State

St Petersburg, FL

Zip

33704

County

Pin

Zip

33704

County

Pin

7. Name and Address of Current Registered Agent

Name

Debbie Fineman

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

301 37<sup>th</sup> 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 <sup>th</sup> Ave N	St Petersburg FL 33704
PCD	John Ekers	301 37 <sup>th</sup> Ave N	St Petersburg FL 33704
VD	John Intero	301 37 <sup>th</sup> Ave N	St Petersburg 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/20 927 689 1760

2020 APR 13 AM 7:08  
FILED  
CLERK OF SUPERIOR COURT  
JANET H. ASHCOFF  
3003432703  
04/13/20--01080--001 1650.00

CR2E081 (11/10)