

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 PM 3:37

HC 11/4

DOCUMENT # 709090

1. Corporation Name

WESLEY SOUTHERN METHODIST CHURCH OF PENSACOLA, INC.

Principal Place of Business

1801 NORTH SPRING STREET
PENSACOLA FL 32501

Mailing Address

1801 NORTH SPRING STREET
PENSACOLA FL 32501

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

06/07/1965

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6174598

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
SD	FREEL SR. T.A.	1801 NORTH SPRING STREET	PENSACOLA FL 32501
PD	ANDERSON, CHARLES E SR.	905 TEXAR DR	PENSACOLA FL 32503
VD	COKER, BARRY L	1820 MORNINGSIDE DR	PENSACOLA FL 32503
TD	UPCHURCH, B L	801 W BLOUNT ST	PENSACOLA, FL 00000

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****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, CHARLES E, SR
905 TEXAR DR
PENSACOLA FL 32503

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

Charles E Anderson Sr.

REGISTERED AGENT MUST SIGN

Date

10/29/97

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:

Anthony G. Freel, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-97

850 938 3355

Daytime Phone #

CP2ED040 (8/97)