

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 709454

1. Entity Name  
FORT KING PRESBYTERIAN CHURCH, INC.



FILED

OCT 18 AM 9:25

Principal Place of Business  
13 NE 36TH AVENUE  
OCALA, FL 34470 US

Mailing Address  
13 NE 36TH AVENUE  
OCALA, FL 34470 US

FLORIDA STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

10102005 REIN-NP

CR2E099 (6/04)

4. FEI Number  
59-1783292

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOXLEY, JOHN  
3933 S.E. 13TH ST.  
OCALA, FL 34471

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

*John Moxley*

John Moxley

10/12/05

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MACKAY, DAVID  
STREET ADDRESS 5050 SW 80TH ST  
CITY-ST-ZIP Ocala, FL 34476 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700060696717  
CITY-ST-ZIP 10/18/05--01011--018 \*\*\$1.25

TITLE TD  
NAME ROWOLDT, LUCILLE  
STREET ADDRESS 546A MIDWAY DRIVE  
CITY-ST-ZIP Ocala, FL 34472 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME HENRY, BERNICE  
STREET ADDRESS 4310 SE 17TH STREET  
CITY-ST-ZIP Ocala, FL 34471 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lucille Rowoldt*

LUCILLE ROWOLDT

10-10-05

352-

694-4121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #