

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 NOV 30 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 710691

1. Corporation Name

First Presbyterian Church of Titusville, Florida, Inc.

2. Principal Office Address - No P.O. Box #

1235 S. Park Ave

Suite, Apt. #, etc.

City & State

Titusville, FL

Zip

32780

Country

USA

3. Mailing Office Address

1235 S. Park Ave

Suite, Apt. #, etc.

City & State

Titusville, FL

Zip

32780

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/08/1966

5. FEI Number

59-0994325

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

Chamberlain, Sandy Clerk

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

4905 Carodoc Circle

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32796

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Sandy Chamberlain*  
REGISTERED AGENT MUST SIGN

Date 11-19-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	Slocum, Catherine	2740 Armadillo Trail	Titusville, FL 32780
VPT	Lockett, Allan W.	3820 Valley Lane	Titusville, FL 32780
TRT	Chamberlain, Richard	4905 Carodoc Circle	Titusville, FL 32796
	<i>A1211</i>		

10. E-mail Address: office@fpcot.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., 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.

SIGNATURE:

*Sandy Chamberlain* SANDY CHAMBERLAIN

11-19-09

321-267-2745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #