

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NONPROFIT
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 SEP 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711720

1. Corporation Name

COMMUNITY UNITED METHODIST CHURCH OF HOLIDAY, INC.

2. Principal Office Address

3214 U.S. Highway 19

Suite, Apt. #, etc.

City & State

Holiday, FL

Zip

34691

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Same

Country

Same

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1966

5. FEI Number

59-1205636

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

John A. Dunn

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

16020 Chief Drive

Suite, Apt. #, Etc.

City

Hudson

State
FL

Zip Code

34667

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

REGISTERED AGENT MUST SIGN

Date SEPT. 2, 2001

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
CTR	John A. Dunn	16020 Chief Drive	Hudson, FL 34667
TR	Marjorie Spence	3550 Windham Drive	Holiday, FL 34691
TR	Tom Cracolicci	4426 Terry Loop	New Port Richey, FL 34652
TR	Lorraine Raap	4217 Hampton Drive	New Port Richey, FL 34652
TR	Roy Homo	4115 Cluster Drive	Holiday, FL 34691
TR	Russ Thiede	4542 Garnet Dr., Apt. 101	New Port Richey, FL 34652

10. 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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ADDITIONAL TRUSTEE MEMBERS

TR Merle Beddow
4803 Blossom Drive
Holiday, FL 34690

TR Tom Beddow
1025 Pert Lane
Holiday, FL 34691