

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

18 DEC -5 AM 10

RECEIVED  
FLORIDA

DOCUMENT # 714138

1. Corporation Name

First Church of Christ, Scientist, Ruskin -  
Sun City Center, Florida

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

204 Second St. NW

3. Mailing Office Address

PO Box 5740

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ruskin, Florida

City & State

Sun City Center, FL

Zip

33570

Country

USA

Zip

33571

Country

USA

800321774399

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CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/21/1968

5. FEI Number

57-3138179

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

Lloyd-Jones Scott

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

2055 Inverness Greens Drive

Suite, Apt. #, Etc.

City

Sun City Center

State

FL

Zip Code

33573

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

*Scott H. Lloyd-Jones*  
REGISTERED AGENT MUST SIGN

Date 12/03/2018

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
D/C	Lloyd-Jones, Virginia	2055 Inverness Greens Dr	Sun City Center, FL 33573
D/S	Tennison, Claudia L.	833 Oakmont Ave	Sun City Center, FL 33573
D	Edmondson, Carolyn	4955 Sandy Brook Circle	Wimauma, FL 33598
D/T	Lloyd-Jones, Scott	2055 Inverness Greens Dr	Sun City Center, FL 33573

T MOORE  
DEC 06 2018

10. E-mail Address: cltennic@gmail.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: Virginia Lloyd-Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/2018 813-634-2363

Date

Daytime Phone #