

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

96 NOV 15 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 718624

1. Corporation Name

THE NEWMAN EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~4508 S. FLORIDA AVENUE~~  
~~BOX 5804~~  
~~LAKELAND FL 33013~~

~~4508 S. FLORIDA AVENUE~~  
~~BOX 5804~~  
~~LAKELAND FL 33013~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~(Box 1652)~~ 3115 S. Cherry  
Suite, Apt. #, etc.

~~(Box 1652)~~ 3115 S. Cherry  
Suite, Apt. #, etc.

Pine Bluff  
City & State Arkansas

Pine Bluff  
City & State Arkansas

Zip 71603 Country Jefferson

Zip 71603 Country Jefferson

4. Date Incorporated or Qualified To Do Business in Florida

06/03/1970

5. FEI Number

59-1357352

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	NEWMAN, CHARLES R	<del>4508 S. FLORIDA AVENUE</del> 3115 South Cherry	<del>LAKELAND FL</del> Pine Bluff, Ar. 71603
V	GREEN, JIM	1484 6TH ST NW	WINTER HAVEN FL
S	NEWMAN, SANDRA G	605 HIGDON #212	HOT SPRINGS AR
D	SPIVEY, C H	206 PARK AVE.	AUBURNDALE FL
D	SCOTT, SAM	680 PIEDMONT DR. SE	WINTER HAVEN FL
D	GARNER, ALBERT	810 E. BELLA VISTA	LAKELAND FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEWMAN, CHARLES R  
~~4508 S. FLORIDA AVENUE~~  
~~BOX 5804~~  
~~LAKELAND FL 33013~~

Name L. K. HOFFMAN  
Street Address (P.O. Box Number is Not Acceptable)  
~~4508 S. FLORIDA AVE~~  
3115 S. FLORIDA AVE  
Suite, Apt. #, Etc.  
330002008709--5  
City LAKELAND  
-11/19/96  
\*\*\*\*236 FL \*\*\*\*0028.35

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of the registered agent.

Signature of Registered Agent

L. K. Hoffman

REGISTERED AGENT MUST SIGN

Date

10/27/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Charles R. Newman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/96

Date

501-535-1639

Daytime Phone #