

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **719892**

1. Corporation Name

**FLORIDA CHRISTIAN CENTER, INC.**

Principal Place of Business

Mailing Address

1071 S EDGEWOOD AVE  
JACKSONVILLE FL 32205-2382

1071 S EDGEWOOD AVE  
JACKSONVILLE FL 32205-2382

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1970

5. FEI Number

50-0624397

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See Instructions for required  
fees and conditions of status.

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	4. City / State / Zip
D	ETHRIDGE, JAMES	PO BOX 1192 N/A	SMITHFIELD NC 27577
PD	TUMBLIN, RICHARD	4202 BARBARA DR	KNOXVILLE TN 37918
TD	Hillery, James <del>THOMPSON, WILLIAM L</del>	920 Plato Ave <del>2000 GLEN PARK COURT</del>	Orlando, FL 32809 <del>LAWRENCEVILLE GA 30044</del>
<del>SD</del>	BRITTON, TAMER	PO BOX 12163 N/A	JACKSONVILLE FL 32209
<del>SD</del>	Moore, Joan E. <del>UPDEGRAFF, BONNIE</del>	1718 Osceola St <del>3505 CORBY STREET, APT 314</del>	32204 JACKSONVILLE FL 32205
VD	ENTWISTLE, DAN	4019 LAKE MIRAGE BLVD	ORLANDO FL 32817

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Deborah D. Skipper*

REGISTERED AGENT MUST SIGN

*Deborah D. Skipper*  
as the agent

Date 10-18-99

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tamer L. Britton*

10-14-99

Date

Daytime Phone #