

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 721902

1. Corporation Name

CORNERSTONE CHURCH OF THE NAZARENE INC.

Principal Place of Business

10310 LEM TURNER RD
JACKSONVILLE FL 32218

Mailing Address

10310 LEM TURNER RD
JACKSONVILLE FL 32218

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

10/19/1971

5. FEI Number

59-1648935

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate 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
SD	DILLARD, NANCY	65 E 61ST ST	JACKSONVILLE FL 32206
TR/D	GREENWOOD, KEN Johnson, Calvin	2458 MARSH ROAD 11859 V.C. Johnson Rd	JACKSONVILLE FL 32211 Jacksonville, FL 32218
P	HIGGINS, WILLIAM Satterly, John M.	3205 TINYA COURT 1818 Laser Court	JACKSONVILLE FL Fernandina Beach, FL 32034
TR/D	SPENCE, SID	14158 LEM TURNER RD.	JACKSONVILLE FL 32218
TR/D	WILLIAMS, BETTY	10310 LEM TURNER RD	JACKSONVILLE FL 32218
T	SPENCE, LORRAINE	14158 LEM TURNER RD	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

~~HIGGINS, WILLIAM (BILL)~~
~~3205 TINYA COURT~~
~~10310 LEM TURNER RD~~
~~JACKSONVILLE FL 32218~~

9. Name and Address of New Registered Agent

Name Satterly, John M.
Street Address (P.O. Box Number is Not Acceptable)
1818 Laser Court
Suite, Apt. #, Etc.
City Fernandina Beach State FL Zip Code 32034

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/12/99

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:

Nancy E. Dillard Nancy E. Dillard 10/12/99 904-764-1923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -5 AM 11:10

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