


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -5 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723266 (3)
1. Corporation Name
First Christian Church of Chassahowitzka
Chassahowitzka, Florida, Inc.

2. Principal Office Address 11275 S. Riviera Drive
Suite, Apt. #, etc.

3. Mailing Office Address 11275 S. Riviera Drive
Suite, Apt. #, etc.

City & State
Homosassa, Florida
Zip 34448-5818
Country Citrus

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4. Date Incorporated or Qualified To Do Business in Florida 04/25/1972

5. FEI Number 59-2729773
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 Thomas A. Brown
Street Address (P.O. Box Number is Not Acceptable) 4331 W. Oaklawn St.
Suite, Apt. #, Etc.
City Lecanto
State FL
Zip Code 34461

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  **Date** 2-2-04
REGISTERED AGENT MUST SIGN

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
C	Thomas A. Brown	4331 W. Oaklawn St.	Lecanto, Fl. 34461
VC	Donald Blaisdell	7838 W. Twin Canal Lane	Homosassa, Fl. 34448
S	George Hassell	11028 Gifford Drive	Spring Hill, Fl. 34608
T	Edwin Watson	7855 W. Mesa Lane	Homosassa, Fl. 34448
D	Robert Carey	10484 S. McClung Loop	Homosassa, Fl. 34448
D	Dale Rodgers	10200 W. Fishbowl Drive	Homosassa, Fl. 34448

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)(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: Thomas A. Brown  **Date** 2/2/04 (352) 621-0379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daytime Phone #**

CR2E081 (10/02)