

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 724901

**FILED**  
**Oct 05, 2012**  
**Secretary of State**

**Entity Name:** THE HOLIDAY FREE METHODIST CHURCH, INCORPORATED

**Current Principal Place of Business:**

5015 DARLINGTON RD  
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

5015 DARLINGTON RD  
HOLIDAY, FL 34690

**New Mailing Address:**

**FEI Number:** 59-2240525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DENNIS, TOMMY  
HOLIDAY FREE METHODIST CHURCH  
5015 DARLINGTON  
HOLIDAY, FL 34690 US

**Name and Address of New Registered Agent:**

CRIST, LELAND K  
HOLIDAY FREE METHODIST CHURCH  
5015 DARLINGTON  
HOLIDAY, FL 34690 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LELAND K CRIST

10/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: HOLDER, LEILONI  
Address: 4129 DARLINGTON ROAD  
City-St-Zip: HOLIDAY, FL 34691

Title: T  
Name: DAVIDSON, DONNA  
Address: 7720 JASMINE BOULEVARD  
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LELAND K CRIST

REV

10/05/2012

Electronic Signature of Signing Officer or Director

Date