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
97 NOV 13 PM 3:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **728191**

1. Corporation Name

NEW ST. PAUL FREE METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
19431 N.W. 100 AVE ROAD ~~BRUSHLOT FL 32667~~ US	~~RR 1 BOX 534~~ ~~MICANOPY FL 32667-9512~~ US

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

REINSTATEMENT 97ao

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
19431 NW 100TH Ave Rd	PO Box 67
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Micanopy, FL	City & State: Orange Lake, FL
Zip: 32667 Country: US	Zip: 32681 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/05/1973

5. FEI Number: 59-2954035 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
~~S~~ C/D	~~JACKSON, ELAINE~~ Alfred W. Wilson	~~19078 N.W. 100TH AVE. RD.~~ 18401 NW 53rd CT Rd	~~MICANOPY, FL 00000~~ Orange Lake, FL 32681
~~P~~ S/D	~~BELLAMY, OTIS~~ Mary P. Washington	~~RT 1 BOX 534~~ 19101 NW 100th Ave Rd	~~MICANOPY, FL 00000~~ Micanopy, FL 32667
~~T~~ T/D	RUTLEDGE, GUS	~~RT. ONE BOX 589~~ 19950 N. Hwy 329	~~MICANOPY, FL 00000~~ Micanopy, FL 32667
D	PERRY, MARY A.	~~RT 1 BOX 538~~ 19101 NW 100th Ave Rd	~~MICANOPY FL~~ Micanopy, FL 32667
D	WILSON, JENNIE B.	~~RT ONE BOX 345~~ 9709 NW 193rd St.	~~MICANOPY, FL 00000~~ Micanopy, FL 32667

8. Name and Address of Current Registered Agent

SNOW, ROBERT E.
8015 S.W. 198 TERR.
MIAMI FL 33189

9. Name and Address of New Registered Agent

Name: Alfred W. Wilson
Street Address (P.O. Box Number is Not Acceptable): 18401 NW 53rd CT Rd
Suite, Apt. #, Etc.:
City: Orange Lake | State: FL | Zip Code: 32681

CR2E040 (8/97)

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: Alfred W. Wilson — REGISTERED AGENT MUST SIGN

Date: 11-4-97

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****245.00 ****245.00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Alfred W. Wilson — Alfred W. Wilson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-97 — Date

(352)338-4349 — Daytime Phone #