


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **728761**

1. Corporation Name
SAINT EDWARDS EPISCOPAL CHURCH

Principal Place of Business Mailing Address

460 N. GRANDVIEW ST PO BOX 455
 MT DORA FL 32757 MT DORA FL 32756
 US US

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

FILED

01 OCT 22 PM 2:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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 -11/08/01--01070--011

4. Date Incorporated or Date To Do Business in Florida **01/08/1974**

5. FEI Number **59-1021915** 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	MARTIN, MICHAEL	31135 GOLDEN LANE	SORRENTO FL 32770
PD	Lashar, Ruth	651 Old Eustis Road	Mount Dora, FL 32757
SD	LASHAR, RUTH	651 OLD EUSTIS RD	MOUNT DORA FL 32757
VD	Waterhouse, Randy	3011 Windham Drive	Eustis, FL 32726
TD	BLACKALL, DAVID	2858 TREMONT DR	EUSTIS FL 32726
SD	Stavey, Valerie	280 W. Oak Hill Road	Mount Dora, FL 32757
VD	LONG, BARBARA	5344 HARPER VALLEY RD	APOPKA FL 32712
TD	Wilson, Robert	2105 Normandy Drive	Mount Dora, FL 32757
PD	SCHNATTERLY, MICHAEL REV	595 SENECA OAKS CIR	MT DORA FL

8. Name and Address of Current Registered Agent

POTTER, DEL G. A
 308 E FIFTH AVENUE
 MOUNT DORA FL 32757

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 *[Signature]* **SIGNATURE REQUIRED** Date **October 17, 2001**

REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** Ruth Lashar Date **10/17/01** (352) 383-2832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)