## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

740453

## FIRST CHRISTIAN CHURCH OF ORANGE PARK, INC.

Principal Place of Business

Mailing Address

FIRST CHRISTIAN CHURCH OF ORANGE PARK 2876 MOODY RD. FIRST CHRISTIAN CHURCH OF ORANGE PARK 2876 MOODY RD. FILED

03 OCT 31 AM 10: 30

SECRETARY OF STATE
TALLAHASSEE, PLORIDA
900024962499
11/24/03--01027--014 \*\*25 00

| ORANGE PA  | ARK FL 32073   | ORANGE PARK FL 32073   |  |  |   |  |                            |  |
|--|--|------------------------|--|--|---|--|----------------------------|--|
| 14 - 1   | eddense en bestelle en |                        | information and enter correction below |  | 900024962499<br>11/24/0301027013 **61,25  |  |                            |  |
| 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 |  |                        |  |  | 11/24/0301027013 **61,25  |  |                            |  |
|  |  |                        |  | To Do Business in Florida                            |   |  |                            |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.    |  |  | 5. FEI Number Applied For   |  | <del></del> 1              |  |
| City & State   | •  | City & State           |  |  | 59-1840674  |  | Not Applicable             |  |
| 7(-  | /  | Zip                    |  |  | . 6   |  | 75 Additional Fee required |  |
| Zíp  | Country  | i Zip                  | Cou                                    | intry  | CERTIFICATE   |  | or 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                          | - دون<br>- دون         |  | Street Address of Each<br>Officer and/or Director    | 1   | City / St  | ate / Zip                  |  |
| CD   | DUCT_KCOH-   |                        | ALL OLDED E                            | LSWORTH ST-  | y Court   | ORANGE PARK FL 8207  | 2<br>6./-L32068            |  |
| VCD  | FREEMAN, GARY<br>SCHNEIDER, JAME                           |                        | 120 MELANIE<br>3 2 3 9 0               | LANE<br>RERFIELD F                                   | BureDR  | MIDDLEBURG FL 32068<br>ORANGE PAR  | ek FL 32073                |  |
| TD .   | BROUGH, FRANK ROBER  | 3786 CREEK HOLLOW LANE |  |  | MIDDLEBURG FL 32068   |  |                            |  |
| S  | BROWN, ROBERT  | 1438 CONESTOGA COURT   |  |  | ORANGE PARK FL 32065  |  |                            |  |
|  |  |                        |  | enst.  | TWE   | 17.03  | TS                         |  |
| 8. Name and Address of Current Registered Agent  |  |                        |  |  | Name and Address of New Registered Agent  |  |                            |  |
| BURT, KEITH L<br>811 OLIVER ELLSWORTH ST<br>ORANGE PARK FL 32073   |  |                        |  | Name  Street Address (F  73 0 4  Suite, Apt. #, Etc. | Name  ANTHONY  Street Address (P.O. Box Number is Not Acceptable)  7306  KILKENNY  Court  Suite, Apt. #, Etc. |  |                            |  |
|  |  |                        |  | City<br>M/DD   | MIDDIEBURA FL 32068   |  |                            |  |
| 10. I, being<br>Signature of<br>Registered   | of Agent Authory D. R.                                     | <b>~</b>               | :                                      | r with and accept the ob                             | 90<br>11/24/  | on 607.0505, F.S. or 617.0509<br>100249624<br>10301027-015<br>Date <u>/0/8/2</u> 9 | 99<br>**150.00             |  |
| 11. I certify  | that I am an officer or director or the recei              | ver or trustee en      | npowered to execu                      | ute this application as p                            | rovided for in cha  | pter 607 or 617, F.S. I further  | certify that when filling  |  |

1.1 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT PRANK BROWGH 10/12/03
RECTOR Date Daytime Pho

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