

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 AM 9:46

DOCUMENT # 742897

1. Corporation Name

20TH ST. CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

820 20TH STREET SOUTH  
ST. PETERSBURG FL 33712-2349

820 20TH STREET SOUTH  
ST. PETERSBURG FL 33712-2349



REINSTATEMENT

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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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2375028

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	WASHINGTON, WILLIE	2670 FAIRWAY AVENUE SOUTH	ST. PETERSBURG FL
VD	SKINNER, CURTIS	2500 66 TERR SO	SAINT PETERSBURG FL 33712
TSD	BROWN, CARL M. JR.	4024 21ST STREET SOUTH	ST PETERSBURG FL
D	SMITH, ROBERT E	5655 11TH ST S	SAINT PETERSBURG FL 33705
D	MORRIS, FLOYD	734 42ND AVE SO	SAINT PETERSBURG FL 33705
			10/13/2000

8. Name and Address of Current Registered Agent

BROWN, CARL M JR.  
4024 21ST AVENUE SOUTH  
ST. PETERSBURG FL 33711

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

500003440433

-10/26/00--01057--008

\*\*\*236.25 State \*\*\*236.25

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/13/2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl M. Brown Jr.

Date 10/13/2000 (727) 896-8006

Daytime Phone #

CR2E040 (8/00)