

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 DEC 27 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743515

1. Corporation Name

Church of Christ, Cherry Street, INC.

2. Principal Office Address - No P.O. Box #

6321 Cherry Street

Suite, Apt. #, etc.

3. Mailing Office Address

6321 Cherry Street

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Panama City FL

Zip

Country

32404

Bay

Zip

Country

32404

Bay

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

May 27 1998

5. FEI Number

59-1701205

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas F. Skipper

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

2902 West 18th Street

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

100243092461
12/27/12--01032--021 **358.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Thomas F. Skipper

REGISTERED AGENT MUST SIGN

Date 12-24-2012

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Thomas F Skipper	6321 Cherry Street	Panama City FL 32404
VD	Mike Westerfield	5126 Hickory St. (Parker)	Panama City FL 32404
STD	Linda Beals	6321 Cherry Street	Panama City FL 32404

DEC 28 2012

T. SCOTT

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Thomas F. Skipper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-24

Date

Daytime Phone #