

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 747235

1. Corporation Name

FIRST CHURCH OF THE NAZARENE OF WINTER HAVEN, FLORIDA, INC.

Principal Place of Business

Mailing Address

560 THIRD STREET SW  
WINTER HAVEN FL 33880

PO BOX 819  
WINTER HAVEN FL 33882-0819

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 NOV -9 PM 6:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida

05/17/1979

5. FEI Number

59-1896521

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         | 4 City / State / Zip                                       |
|---------------------|--|--|--|
| D                   | WHITESIDES, TOM                          | 50010 ELOISE LOOP RD                                     | WINTER HAVEN FL 33884                                      |
| <del>D</del><br>P/C | <del>HAFNER, RANCE</del><br>JOHN HOWARD  | <del>230 OLD SPANISH WAY</del><br>2135 LAWSONIA LOOP     | <del>WINTER HAVEN FL 33884</del><br>WINTER HAVEN, FL 33881 |
| <del>D</del><br>T   | <del>PAYNE, BECKY</del><br>CHARLES DAVIS | <del>2080 PLANTATION RD S</del><br>110 COVINGTON COVE SE | WINTER HAVEN FL 33884<br>33880                             |
| <del>D</del><br>S   | <del>LAWRENCE, KEN</del><br>PAUL EBRIGHT | 353 ESCAMBIA DRIVE SE<br>4046 CYPRESS LDNG. E            | WINTER HAVEN FL 33884                                      |
| D                   | DAVIS, VONNIE                            | 110 COVINGTON COVE SE                                    | WINTER HAVEN FL 33880                                      |
| D                   | BLAKE, CHARLES                           | 969 LA QUINTA BLVD                                       | WINTER HAVEN FL 33884                                      |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WOODS, GERALD W.~~  
~~314 LAKE MARIAN BLVD~~  
~~WINTER HAVEN FL 33884~~

Name  
WILLIAM A. BROWN  
Street Address (P.O. Box Number is Not Acceptable)  
827 REFLECTIONS LOOP E  
Suite, Apt. #, Etc.  
City  
WINTER HAVEN  
State  
FL  
Zip Code  
33884

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  
*William A. Brown*  
REGISTERED AGENT MUST SIGN

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-12/04/01-01013-013  
\*\*\*\*236.25 \*\*\*\*236.25  
Date 11/7/01

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: *John Howard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 11/7/01 Daytime Phone # 863-293-0690

CR2040 (8/01)