

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 APR -5 AM 6:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 747802

1. Corporation Name

GULFPORT CHURCH OF THE NAZARENE

2. Principal Office Address

1000 55th Street South

Suite, Apt. #, etc.

City & State

Gulfport FL

Zip

33707

Country

United States

3. Mailing Office Address

1000 55th Street South

Suite, Apt. #, etc.

City & State

Gulfport FL

Zip

33707

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

06-25-1979

5. FEI Number

59-1696007

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

Rev. Kenneth Lee Couchman

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

5401 17th Avenue South

Suite, Apt. #, Etc.

City

Gulfport

State

FL

Zip Code

33707

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

Kenneth Couchman
REGISTERED AGENT MUST SIGN

Date

March 27, 2002

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
D	Lorraine Barricella	5417 Jersey Ave. South	Gulfport FL 33707
T/Tre	Marie Grosso	5405 11 th Ave. South	Gulfport FL 33707
T	Jeanette Pepper	250 58 th Street North #212	St. Petersburg FL 33710
D	Judy Whitehead	5425 11 th Ave. South	Gulfport FL 33707
P	Jennifer Couchman	5401 17 th Ave South	Gulfport FL 33707
P	Kenneth Couchman	5401 17 th Ave South	Gulfport FL 33707

10. 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:

Marie Grosso MARIE GROSSO

3-27-02

727 321-8985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)