

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 MAR 31 AM 7:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **748064**

1. Corporation Name

Calvary Baptist Church of Port St. Lucie,  
Florida Inc.

Principal Place of Business

Mailing Address

**REINSTATEMENT**

**W 83-97**

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

Do Business in Florida

07/12/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

FJ 59-2830561

Applied For

Not Applicable

City & State

City & State

Port St. Lucie, FL

Port St. Lucie, FL

Zip

Country

34983

U.S.A.

Zip

Country

34983

U.S.A.

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State
P	Herbert F. Preston	1434 S.W. Broadview St.	Port St. Lucie, FL 34983
D	Sandra McDonald	903 Jackson Way	Fort Pierce, FL 34949
D	Harry Ryan	591 Conover St.	Port St. Lucie, FL 34983
D	Fred Weingartner	472 S.W. Curtis St.	Port St. Lucie, FL 34983
D	Joe Lofton	2103 Hills Ct.	Fort Pierce, FL 34950
D	Wallace Carter	510 S.W. Lucero Dr.	Port St. Lucie, FL 34983

8. Name and Address of Current Registered Agent

Herbert F. Preston  
3728 St. Marks Rd.  
Fort Pierce, FL 34982

9. Name and Address of New Registered Agent

Name  
**Herbert F. Preston**  
Street Address (P.O. Box Number is Not Acceptable)  
1434 S.W. Broadview St.  
Suite, Apt. #, Etc.

City  
Port St. Lucie,

State  
FL

Zip Code  
34983

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

*Herbert F. Preston*

REGISTERED AGENT MUST SIGN

Date **3/25/97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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: **Herbert F. Preston**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **03/25/97** 561 340-0260  
Daytime Phone #