

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 22 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766457

1. Corporation Name

Williams Temple Christian Methodist Episcopal Church

100004416901--8
-06/13/01 -01010--034
*****8.75 *****7.75

REINSTATEMENT

2. Principal Office Address

301 Quentin Avenue N.W.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3013

Suite, Apt. #, etc.

City & State

Winter Haven, Florida

Zip

33881

Country

USA

City & State

Winter Haven, Florida

Zip

33885

Country

USA

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

1982

5. FEI Number

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

Rw. Geraldine W. McDaniel

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

2055 9th Lane N.E.

Suite, Apt. #, Etc.

City

Winter Haven, Florida 33881

State

FL

Zip Code

33881

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

Rw. Geraldine W. McDaniel
REGISTERED AGENT MUST SIGN

Date

4/17/01

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
Chairman of Board	Helma McClay (C)	2125 Edwin St. N.W.	Winter Haven, FL 33881
Trustee	Calvin Mills (T)	312 Avenue X, N.E.	Winter Haven, FL 33881
Trustee	Lerna Scott (T)	1722 3rd St. N.W. Apt #B	Winter Haven, FL 33881

AD

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:

Calvin J. Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

(941) 364-7302

Daytime Phone #

CR2E081 (9/00)