PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 Feb 20 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756457

1. Corporation Name
Williams Temple Christian Methodist Episcopal Church, Incorporated

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
301 Quentin Ave.	P.O. Box 3013
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven FL	City & State: Winter Haven, FL
Zip: 33881 Country: Polk	Zip: 33885 Country: Polk

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 02/20/1981

5. FEI Number: 36-4690506 ☐ 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: Pastor, Tyrone Jones
Street Address (P.O. Box Number is Not Acceptable): 2055 9th Lane N.E.
Suite, Apt. #, Etc.:
City: Winter Haven State: FL Zip Code: 33881

700269788777
03/31/15--01011--001 **122.50

700269788777
02/20/15--01043--004 **236.25

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: Tyrone Jones Date: 02/17/2015
REGISTERED AGENT MUST SIGN

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
CSD	Velma McCray	2125 Edwin St. N.E.	Winter Haven, FL 33881
T	Calvin Mills	312 Ave. X N.W.	Winter Haven, FL 33881
Treas	Angela Walker	3115 Ave. J. N.W.	Winter Haven, FL 33881
Past	Tyrone Jones	2055 9th Lane N.E.	Winter Haven, FL 33881
T	James T. Ruffin	430 Avenue U. NE.	Winter Haven, FL 33881
T	Maxie Hunter	228 College Grove Cir.	Winter Haven, FL 33881

10. E-mail Address: S. HAWKES (To be used for future annual report notification)

REINSTATEMENT

11. I certify that I am an officer or director or the receiver, trustee, or other court-appointed fiduciary empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon 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: Velma McCray Velma McCray 2-17-15 863-293-6592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EXAMINER