

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

96 NOV 15 AM 7:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 760693

1. Corporation Name

EVERGLADES PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

1008 N MAIN ST  
804 NW 1ST STREET  
BELLE GLADE FL 33430  
US

P.O. BOX 1007  
804 NW 1ST STREET  
BELLE GLADE FL 33430  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/16/1981	
City & State		City & State		5. FEI Number	
Zip		Country		05-0047902	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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 / Zip
PD	MURRAY, RICHARD G	308 NW AVE. J	BELLE GLADE, FL 00000
D	LOWERY, ARLENE F.	640 SE 3RD ST.	BELLE GLADE, FL 00000
D	STREET, LAONA	100 S.E. 6TH ST., N.	BELLE GLADE FL
<del>D</del>	<del>PARKER, ELEANOR</del>	<del>945 N.W. 4TH ST.</del>	<del>BELLE GLADE FL</del>
D	WOODARD, JEANNE	1024 S.E. 3RD ST.	BELLE GLADE FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MURRAY, RICHARD G 308 N.W. AVE J BELLE GLADE, FL 33430		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		500002011555-1 11/21/96-01009-010 *****175.00 *****175.00	
		State FL	
		Zip Code	

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: *Richard G Murray*

REGISTERED AGENT MUST SIGN

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

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: *Jeann Woodard* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/96 561-9916-3035