

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 -4 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769940

1. Corporation Name

**ST. MARGARET'S EPISCOPAL CHURCH OF INVERNESS, F
LOIDA, INC.**

Principal Place of Business

Mailing Address

114 NO. OSCEOLA AVE.
INVERNESS FL 34450
US

114 NO. OSCEOLA AVE.
INVERNESS FL 34450
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1983

5. FEI Number

58-1983400

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
MD	WILLIAMS, JIM	322 POPLAR ST	INVERNESS FL
MD	CAIRNS, ROBERT	8815 E. Skyway Dr.	INVERNESS FL 34450
D	CATER, FRANCES	2300 S. GAYLINE DR	INVERNESS FL
D	KATH, MEL N. COX	451 E. Ireland Ct.	INVERNESS FL 34452
S	JONES, PAM	6157 E CARMEL LANE	INVERNESS FL 34452
D	GLENN, DORIS	9405 E MOON RIVER CT	INVERNESS FL 34453
TD	JOHNSON, MERLYN O	4105 OR 675	BUSHNELL FL 33513
T	ALVAZ L. COX, JR.	451 E. Ireland Ct.	INVERNESS FL 34452
D	ESTRIELLA, LEO	3122 S BAYBERRY PT	INVERNESS FL 34450

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOYNER, RAYBURN E.
SIXE DRIVE
INVERNESS FL 32830

Name
JOAN L. Williams
Street Address (P.O. Box Number is Not Acceptable)
114 N. OSCEOLA AVE.
Suite, Apt. #, Etc.
City
INVERNESS
State
FL
Zip Code
34450

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date
10/31/96
000002000530-2
11/08/96-81074-002
***226-25-00000226-25
on intangible tax.)

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
10/31/96
352-746-1400
Daytime Phone