

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 770432

1. Corporation Name

NEVERTHELESS... MINISTRIES INC.

Principal Place of Business

Mailing Address

11326 MONUMENT LANDING BLVD
JACKSONVILLE FL 32225
US

11326 MONUMENT LANDING BLVD
JACKSONVILLE FL 32225
US

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

2. New Principal Office Address, If Applicable

1700 S. San Pablo Rd.

Suite, Apt. #, etc.

Apt. 108

City & State

Jacksonville, FL

Zip

32224

Country

Duval

3. New Mailing Office Address, If Applicable

1700 S. San Pablo Rd.

Suite, Apt. #, etc.

Apt. 108

City & State

Jacksonville, FL

Zip

32224

Country

Duval

REINSTATEMENT

APPROVED AND FILED

99 JAN -1, PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida

09/27/1983

5. FEI Number

59-2337080

Applied For

Not Applicable

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 / Zip
PD	HOLMAN, TERRELL F JR	11326 MONUMENT LANDING BLVD	JACKSONVILLE FL
VD	HOLMAN, DEBORAH E	11326 MONUMENT LANDING BLVD	JACKSONVILLE FL
STD	ZINK, PAUL D.	2701 HODGES BLVD	JACKSONVILLE FL 32224
PD	HOLMAN, DEBORAH E.	1700 S. SAN PABLO RD. #108	JACKSONVILLE, FL 32224
VD	MORRIS, ROCKWELL	1755 LOQUAT LANE	JACKSONVILLE, FL 32246

8. Name and Address of Current Registered Agent

HOLMAN, TERRELL F JR
11326 MONUMENT LANDING BLVD
JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

Name

HOLMAN, DEBORAH E.

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

1700 S. SAN PABLO ROAD

Suite, Apt. #, Etc.

APT 108

City

JACKSONVILLE

State

FL

Zip Code

32224

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

Deborah E. Holman

REGISTERED AGENT MUST SIGN

Date

12/31/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Deborah E. Holman

Deborah E. Holman

Date

12/31/98

Daytime Phone #

904-223-6000