

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 22 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 771034

1. Corporation Name

THE OLD SAINT MARK COMMUNITY AID CENTER AT PORT
TAMPA, INCORPORATED

Principal Place of Business

Mailing Address

7218 SHERRILL ST
TAMPA FL 33616

7218 SHERRILL ST
TAMPA FL 33616

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2921072

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PATTY, MICHELLE	7309 O'BRIEN	TAMPA FL
ST	MUNNS, JIMMY	3813 OKLAHOMA AVE	TAMPA FL 33616
CB	CANNON, NORMAN T.	5102 IDAHO STREET	TAMPA FL
D	JOHNSON THOMAS, LILA	7312 MASCOTT STREET	TAMPA FL
D	SHEPHARD, JOHN	3814 OKLAHOMA AVENUE	TAMPA FL

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***297.50 ***297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON THOMAS, LILA
7312 MASCOTT ST
TAMPA FL 33616

Name

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

Suite, Apt. #, Etc.

City

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

REGISTERED AGENT MUST SIGN

Date 10-22-01

11. 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:

NORMAN T. CANNON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/01 (813) 839-0295

CR2E040 (8/01)