

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 22 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/02/96--01038--011
***1225.00 ***1225.00

DOCUMENT # 831924

1. Corporation Name
The Primitive Methodist Church in the U.S.A.

United States of America

Principal Place of Business

Mailing Address

1045 Laurel Run Rd.
Wilkes-Barre, PA. 18702-9709

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

1973

5. FEI Number

23-6447633

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Rev. Eugene Martin	503 Grant St.	Newtown, PA. 18940
V-P	Rev. A. Russell Masart	Box 345	Benton, WI. 53803
Secty.	Rev. Reginald Thomas	110 Pittston Blvd.	Wilkes-Barre, PA. 18702
Treas.	Mr. Raymond Baldwin	11012 Lington Arms Crt.	Oakton, VA. 22124
Exe. Dir.	Rev. Wayne Yarnall	1045 Laurel Run Rd.	Wilkes-Barre, PA. 18702

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Rev. John Sargent

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

931 30th St. NW

Suite, Apt. #, Etc.

City

Winter Haven

State

Zip Code

FL

33881

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

Rev. John Sargent

REGISTERED AGENT MUST SIGN

Date 11/4/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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:

Rev. Reginald Thomas, General Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-96 6771 823-3425

Date

Daytime Phone #