

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 26 AM 8:00

DOCUMENT # N000 0000 2263

**1. Corporation Name**

International Pentecostal City Mission  
Church of Ocala, Inc.

**2. Principal Office Address**

9584 Mexican Rd

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34472

Country

USA

**3. Mailing Office Address**

P.O. Box 831693

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34483

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/23/03 90/66 001 61.25

4-5-02

**5. FEI Number**

65-1002335

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75. Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MAVIS McFarlane

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

550 Silver Course Circle

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34472

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

MAVIS McFarlane

Date 5-21-04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Rev Philip McFarlane	P.O. Box 831693	Ocala, FL 34483
S	MAVIS McFarlane	P.O. Box 891693	Ocala, FL 34483
T	Lascelles Lammie	P.O. Box 891693	Ocala, FL 34483
D	Joseph T. Chance	P.O. Box 891693	Ocala, FL 34483
D	Alma Williams	P.O. Box 891693	Ocala, FL 34483

**10. 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:**

Rev. Philip McFarlane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-21-04 352687-3604

Daytime Phone #

CR2E081 (9/01)

PJ 202



## International Pentecostal City Mission Church of Ocala, Inc.

9584 Maricamp Road • P.O. Box 831693 • Ocala, FL 34483 • Church (352) 680-9498 • Pastor (352) 687-3606

**Rev. Philip McFarlane**

*Pastor*

**Rev. Rholda Campbell**

*Pastor*

**Mavis McFarlane**

*Secretary*

**L. Lammie**

*Treasurer*

Ref. # N000000022 63

In reference to your letter dated May 12<sup>th</sup> 2004 to the above name church we are writing this letter to let you know that we did not receive the uniform business report for 2004. The Corporation mailed a check anyway for sixty-one dollars and twenty-five cents (\$61.25) which was returned to us because it was mailed with the necessary document.

Pertaining to 2003 uniform business report payment, that payment was made, but was paid early in January, so that was where it got mixed up. Enclose please find a copy of cancelled check for 2003 payment.

Sincerely,

Rev. Philip McFarlane