

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith,
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 12: 20

DOCUMENT # **N00000007483**

1. Corporation Name
CHURCH OF CHRIST OAKFIELD ROAD, INC.

REINSTATEMENT

04/08/02 90247 015 #6/25

Principal Place of Business
1224 ELLIOTT ST
PENSACOLA FL 32534

Mailing Address
1224 ELLIOTT ST
PENSACOLA FL 32534



100008756631
11/04/02--01002--023 **175.00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/09/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		APPLIED FOR	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	City / State / Zip
P	EADY, JAMES	1224 ELLIOTT ST	PENSACOLA FL 32534
VP	STEWART, LEONARD JR	8135 PITTMAN AV	PENSACOLA FL 32534
S	GARY, PERRY	130 TOWER DR	PENSACOLA FL 32534
T	BROWN, JOSEPH D	351 GETTYSBURG DR	PENSACOLA FL 32534
T	BROWN, MARVIN	1220 ELLIOTT ST	PENSACOLA FL 32534
T	GOOSBY, TERRY	7111 PINE FOREST RD	PENSACOLA FL 32526

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EADY, JAMES C
1224 ELLIOTT ST
PENSACOLA FL 32534

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. or 617.0505, F.S.

Signature of Registered Agent

James Eady

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10 - 30 02

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:

James Eady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 - 30 - 02

Date Daytime Phone #

CR2E040 (8/02)