

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **2001 UBR** REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00601

1. Corporation Name

MCCOLLUM MISSIONARY MINISTRIES, INC.

Principal Place of Business

1803 SWANN AVE
ORLANDO FL 32809
US

Mailing Address

1803 SWANN AVE
ORLANDO FL 32809
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/27/1983

5. FEI Number

59-2551415

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	City / State / Zip
D	MCCOLLUM, JAMES N. <i>deceased</i>	1803 SWANN AVE	ORLANDO FL 32809
PD	MCCOLLUM, LINDA L	1803 SWANN AVE.	ORLANDO FL 32809
STD	MCCOLLUM, JATHAN	5412 GOVERNOR YEARDLY DR.	FAIRFAX VA 22032
PD	LEE ANNA MCCOLLUM	1803 SWANN AVE	ORLANDO, FL 32809

8. Name and Address of Current Registered Agent

MERRITT, SHERYL
220 ADELAIDE BLVD.
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

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

Sheryl Merritt
REGISTERED AGENT MUST SIGN

Date

Oct. 11, 2001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Linda Ann McCollum
Oct. 11, 2001

Daytime Phone #