

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION
FOR



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

APPROVED
AND
FILED

03 MAR 17 AM 2:47

DOCUMENT # **N01000007597**

1. Corporation Name

CARRIED CROSS MINISTRIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400010066714
01/14/03--01028--006 **61.25

Principal Place of Business

75 BARRACUDA ST.
DESTIN FL 32541

Mailing Address

75 BARRACUDA ST.
DESTIN FL 32541

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

10/22/2001

5. FEI Number

59-3755151

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ZAVISON, MICHAEL J	75 BARRACUDA ST.	DESTIN FL 32541
T	ZAVISON, BRENDA B	75 BARRACUDA ST.	DESTIN F. 32541
D	WEHNER, JUDI L	288 Ellis Rd # 112	DESTIN FL 32541
D	Underwood, John	412 Parkwood Place	Niceville, FL 32578
D	D'Amico, John	30 Conch Cay	Destin, FL 32541

8. Name and Address of Current Registered Agent

DOOLY, A.
1219 QUAIL RIDGE DR.
DESTIN FL 32541

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/02/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850)
11-30-02 650-4412

CR20040 (8/02)

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February 27, 2003

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

After a February 5, 2003 conversation with Ms. Kathy Ashton, it was conveyed to me that the December 1, 2002 letter I wrote was written incorrectly explaining why Carried Cross Ministries did not submit 2002 UBR forms.

This letter is another attempt to plainly state that Carried Cross Ministries did not receive UBR forms for 2002, thus none were filed as described by law.

I am submitting the last letter for reference only. In the event you need further details you may refer to the December 1, 2002 letter. I feel this will save you time reading our explanation again.

Thank you for your time and effort in this matter. Ms. Ashton has been most helpful and appreciated.

Sincerely,



Michael J. Zavison
Carried Cross Ministries

Enclosures
1 check for 2003
1 previous letter
1 state form