

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N07872**

1. Corporation Name

**CENTRAL METROPOLITAN CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.**

Principal Place of Business

4611 PEARL STREET  
JACKSONVILLE FL 32206

Mailing Address

4611 PEARL STREET  
JACKSONVILLE FL 32206

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REINSTATEMENT

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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

02/27/1985

5. FEI Number

59-2670553

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	JONES, HARLAN K. <i>McDaniel, Willie L</i>	1138 TURTLE CREEK DR.	JACKSONVILLE FL 32218
SBC	WASHINGTON, GEORGE III	5959 FT. CAROLINE RD #2602	JACKSONVILLE FL
RS	DICKERSON, DEBORAH	3014 CAROLINE CREST DR. E.	JACKSONVILLE FL 32206
T	WASHINGTON, CHELSEY	5959 FT. CAROLINE RD #2602	JACKSONVILLE FL 32205
T	MOORE, ALLEN	8611 GRAYBEAR DR.	JACKSONVILLE FL 32221
CTR	HOWARD, HILLIE	2230 COLLEGE CIRCLE	JACKSONVILLE FL 32209

8. Name and Address of Current Registered Agent

*- McDaniel, Willie L*  
JONES, HARLAN K.  
1138 TURTLE CREEK DR.  
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

Name *McDaniel, Willie L*  
Street Address (P.O. Box Number is Not Acceptable)  
*1138 Turtle Creek Dr.*  
Suite, Apt. #, Etc.

City *Jacksonville* State *FL* Zip Code *32218*

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

*Willie L. McDaniel*  
**REGISTERED AGENT MUST SIGN**

Date *10/21/00*

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.

*Allen L. Moore*

SIGNATURE:

*Allen L. Moore*  
**REGISTERED AGENT MUST SIGN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/22/00*  
Date

*904-786-8059*  
Daytime Phone #