

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 15 AM 12:28
TAMPA, FLORIDA

DOCUMENT # N10997

1. Corporation Name

Trinity Metropolitan Community Church of Gainesville, Inc.

2. Principal Office Address

11604 SW Archer Road

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32608

Country

U S

3. Mailing Office Address

P. O. Box 140535

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32614

Country

U S

REINSTATEMENT 7-05

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

09/06/1985

5. FEI Number
59-2639251

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

Joseph J. McMurray, Rev.

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

11604 SW Archer Road

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32608

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/12/05

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
PD	Joseph J. McMurray	11604 SW Archer Road	Gainesville, FL 32608
VD	Jeffrey Yager	191 E. Main Street	Bronson, FL 32683
TD	Claude J. Merrill	900 SW 62nd Blvd G-38	Gainesville, FL 32607
SD	Kathy MacDonald	2832 NW 40th Place	Gainesville, FL 32605
D	Beverly Carter	9727 SW 122nd Street	Gainesville, FL 32608
D	Nancy Dotson	1371 SE 65th Circle	Ocala, FL 34472

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/05

Date

352-219-7362

Daytime Phone #

B. Mitchell SEP 13 2005