

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 OCT 28 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # NJ2000003810

1. Corporation Name

WEDGEWOOD COMMUNITY CENTER GRUP, INC

2. Principal Office Address - No P.O. Box #

6005 WAGNER ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 9669

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32505

Country

USA

City & State

PENSACOLA, FL

Zip

32513

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
04/11/2012

5. FEI Number

45-4716781

Applied For

X

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

TORRENCE, MARIAN, DR

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

6404 HAMPTON RD

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32505

300253299443  
10/28/13--01049--010 \*\*8.75

300253299443  
10/28/13--01049--009 \*\*236.25

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

*Marian G. Torrence*  
REGISTERED AGENT MUST SIGN

Date 10/21/2013

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
C	BROWN, CARRIE, REV	708 BAKER STREET	PENSACOLA, FL 32505
VC	GULLEY, WILLIAM G, REV	1104 WEST HOPE DRIVE	PENSACOLA, FL 32534
S	TORRENCE, MARIAN, DR	6404 HAMPTON RD	PENSACOLA, FL 32505

REINSTATEMENT 2013

OCT 29 2013

10. E-mail Address: 3CARRIEBROWN7@ATT.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Rev. Carrie Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/2013

850-450-6538

Date

Daytime Phone #