

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16000010398

1. Corporation Name

FREEDOM FELLOWSHIP CHURCH, INC.

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

503 Grapeland Street

Suite, Apt. #, etc.

City & State

The Villages, FL

Zip

Country

32163

USA

3. Mailing Office Address

503 Grapeland Street

Suite, Apt. #, etc.

City & State

The Villages, FL

Zip

Country

32163

USA

7. Name and Address of Current Registered Agent

Name

Melvin Whittington

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

503 Grapeland Street

Suite, Apt. #, Etc.

City

The Villages

State

FL

Zip Code

32163

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

9/26/19

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
D	Pastor Melvin Whittington	503 Grapeland Street	The Villages, FL 32163
D	David Gee	1447 Pelican Path	The Villages, FL 32162
D	Frank Corrales	204 Webster Street	Wildwood, FL 34785
D	Henry Smithen	15480 SW 47th Ave Rd	Ocala, FL 34473
D	Bill McManus	17345 SE 85th Willowbrook	The Villages, FL 32162
D	Jesse Young	4920 County Rd. 134 B	Wildwood, FL 34785

10. E-mail Address: melvinwhittington@comcast.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/2019

954-740-912

Date

Daytime Phone #

2019 OCT -7 PM 4:35

200385517612
10/07/19--01020--025 **411.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2016

5. FEI Number

81-4134117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

R WHITE

OCT 24 2019