

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 NOV 25 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N18114**

1. Corporation Name

**ST. ANNE OF GRACE EPISCOPAL CHURCH INC.**

Principal Place of Business

Mailing Address

0600-113TH STREET NORTH  
SEMINOLE FL 34642

0600-113TH STREET NORTH  
SEMINOLE FL 34642

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/08/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2368488

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	BAGWELL, ROBERT	0600 113TH STREET	SEMINOLE FL 34642 700002016987-9 SEM/NOV/96-01024-017 ***236.25 ***236.25
D	WILLIAM OVERTON	8202 132ND STREET	SEMINOLE FL 33776
D	JAMES MELOY	11763 CAMPHOR WAY	SEMINOLE FL 33772
D	KEN FULLERTON	14445 OAK GLEN DRIVE	LARGO FL 33774
D	DONALD GARR	10515 94TH AVENUE N.	SEMINOLE FL 33772
D	LARRY BUNNELL	10555 SHADY OAK LANE	SEMINOLE FL 33777

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHAPMAN, HOYT S  
11756 110TH TERRACE N.  
LARGO FL 34648

Name: Fr. Robert P. M. Bagwell  
Street Address (P.O. Box Number is Not Acceptable): 6660 113th St. N.  
Suite, Apt. #, Etc.: U 2

City: Seminole, FL State: FL Zip: 33772

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

*Fr. Robert P. M. Bagwell*

REGISTERED AGENT MUST SIGN

Date: Nov. 15, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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:

*Fr. Robert P. M. Bagwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20, Nov. 1996  
Date

Daytime Phone #