

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 21 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20584

1. Corporation Name

Ocklawaha United Methodist Church

REINSTATEMENT 03-05

3/3/03 92405 024 61.25

12/1/04 01071 004 236.25

2. Principal Office Address

13333 SE Hwy C-25

3. Mailing Office Address

P O Box 507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocklawaha

City & State

Florida

Zip

32179

Country

Marion

Zip

32183

Country

Marion

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

5. FEI Number

59-2320596

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

Homer Halstead

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

6652 SE 87th Street

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code
34472

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

Homer Halstead

Homer Halstead REGISTERED AGENT MUST SIGN

Date Jan. 16, 2005

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
Pres	Kurt Woelfel	P O Box 37	Ocklawaha, Florida 32183
V/Pres	Wilfred Bowley	14300 SE 100th Ave	Summerfield, FL 34491
Sec	Lois R. Childers	P O Box 293	Candler, FL, 3211-0293
Trust	Fred Beedle	9701 E Hwy 25 #202	Bellevue, FL 34420
Trust	Robert James	15945 SE 176th St	Weirsdale, FL 32195
Trust	Jon Hawley	17774 SE 95th Circle	Summerfield, FL 34491

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:

Kurt Woelfel

Kurt Woelfel, Pres.

01/16/05

Date

352-288-1082

Daytime Phone #

500045582715
01/28/05--01015--017 **61.25