

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 10 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20584

1. Corporation Name

OCKLAWAHA UNITED METHODIST CHURCH, INC

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

13333 SE HWY C-25

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 507

Suite, Apt. #, etc.

City & State

OCKLAWAHA, FL

City & State

OCKLAWAHA, FL

Zip

32179

Country

MARION

Zip

32183

Country

MARION

300149460393

04/10/09--01031--026 **245.00

CE2E081 (12/08)

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida 05/11/1987

5. FEI Number
592320596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$175 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TERRY J. HOWARD

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

13823 SE HWY C-25

Suite, Apt. #, Etc.

City

OCKLAWAHA

State

FL

Zip Code

32179

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Terry J Howard

REGISTERED AGENT MUST SIGN

Date 04/07/09

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
PPRC	PHIL HENSLEY	14110 SE 170TH ST	WEIRSDALE, FL 32195
T	LEE WONDERS	8680 SE 183RD AVE RD	OCKLAWAHA, FL 32179
T	KURT WOELFEL	13960 SE 124TH ST	OCKLAWAHA, FL 32179
T	WILFRED BOWLEY	10085 SE 136TH LANE	BELLEVIEW, FL 34420

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 contained in Chapter 119, 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:

Terry J Howard

TERRY J. HOWARD

04/07/09

352-288-4518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

u/13w