

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -6 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N22344**

1. Corporation Name

**CALVARY CHRISTIAN MISSIONARY FELLOWSHIP, INC.**

**REINSTATEMENT 03**

Principal Place of Business

Mailing Address

2575 EIFFEL CIRCLE WEST  
JACKSONVILLE FL 32210  
US

POOLE MAX W  
2575 EIFFEL CIRCLE WEST  
JACKSONVILLE FL 32210  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/03/1987

5. FEI Number

59-2967785

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
PD	POOLE, MAX W.	2575 EIFFEL CIR. W.	JACKSONVILLE FL
VSTD	<del>POOLE, SUSAN A.</del> DOUGLAS, PAULA	<del>2575 EIFFEL CIR. W.</del> 40 Joy Rd.	<del>JACKSONVILLE FL 32210</del> Hemingway, SC 29554
D	POOLE, MATTHAN WADE B	2575 EIFFEL CIR. W.	JACKSONVILLE FL 32210
D	KIRKSEY, TERRY W	118 BRADFORD DR	BLOOMINGDALE GA 31302
D	KIRKSEY, IRENE	118 BEADFORD DR	BLOOMINGDALE GA 31302

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POOLE, MAX W.  
2575 EIFFEL CIRCLE WEST  
JACKSONVILLE FL 32210

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Max W. Poole*

Date

12-31-03

REGISTERED AGENT MUST SIGN

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., 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:

*Max W. Poole*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-31-03

Daytime Phone #

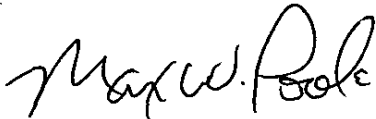
CR2E040 (7/03)

Calvary Christian Missionary Fellowship, Inc.  
FEI Number 59-2967785  
2575 Eiffel Circle West  
Jacksonville, FL 32210

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Division of Corporations:

To my knowledge we have not received two prior UBR notices. Due to this oversight, please wave the reinstatement fee. Thank you for your help concerning this matter.

A handwritten signature in cursive script that reads "Max W. Poole". The signature is written in dark ink and is positioned above the printed name and title.

Max W. Poole  
President/Director-Calvary Christian Missionary Fellowship, Inc.