

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24698

1. Corporation Name

CALVARY BIBLE CHURCH OF INVERNESS, INC.

Principal Place of Business

Mailing Address

5335 JASMINE LANE
C/O DAVID T. CANNON, JR.
INVERNESS FL 34453-1070
US

5335 JASMINE LANE
C/O DAVID T. CANNON, JR.
INVERNESS FL 34453-1070
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

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)	4 City / State / Zip
D	CANNON, DAVID T., JR.	736 GOSPEL OAKS TERRACE	INVERNESS FL 34450
DR D	GARDNER, RICHARD- MACKINNON, RALPH	4011 S TOM AVE- 5400 E LIVE OAK LANE	INVERNESS FL 34453
D	AGUILERA, MARIO AGUILERA,	1112 BLOOMFIELD DR	INVERNESS FL 34453
DR	JONES, EDWIN-	6910 W LEITH CTG-	CRYSTAL RIVER FL
DT	FRUM, MARLIN-	6017 E FOX COURT-	INVERNESS FL
DC	DYER, MERRIT-	2971 E DAWSON DRIVE	INVERNESS FL

8. Name and Address of Current Registered Agent

CANNON, DAVID T., JR.
736 GOSPEL OAKS TERR.
INVERNESS FL 34450

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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

David T. Cannon Jr.

REGISTERED AGENT MUST SIGN

Date 1/29/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

David T. Cannon Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 (352) 344-8531
Date Printed #

FILED
99 FEB 17 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98-99

4 Date Incorporated or Qualified To Do Business in Florida 02/05/1988

5 FEI Number 59-2881083

6 CERTIFICATE OF STATUS DESIRED ☐ Applied For ☐ Not Applicable ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9/98)