

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N25438

1. Corporation Name

TREASURE COAST CHRISTIAN CHURCH, INC. (DISCIPLE  
S OF CHRIST)

Principal Place of Business

Mailing Address

555 S.W. CASHMERE BOULEVARD  
PORT ST. LUCIE FL 34986

555 S.W. CASHMERE BOULEVARD  
PORT ST. LUCIE FL 34986

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

03/16/1988

5. FEI Number

NOT APPLICABLE

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
COC	<del>BRADLEY, MARY P</del> Reeder, Walter	<del>981 CONSOLATA AVE</del> <del>2058 S.E. BENEDICTINE</del>	<del>PORT ST. LUCIE FL 34983</del> 34953
VC	<del>REEDER, WALTER</del> Mary P Bradley	<del>2058 S.E. BENEDICTINE</del> <del>981 CONSOLATA AVE</del>	<del>PORT ST. LUCIE FL 34983</del> <del>PORT ST. LUCIE FL 34953</del>
T	<del>DUNKIN, LEE</del> ENNICK, ELEANOR	<del>212 OLIVE AVE</del> <del>209 S.W. BENTLEY LANE</del>	<del>PORT ST. LUCIE, FL 34952</del> <del>PORT ST. LUCIE FL 34986</del>
TR	DAVIS, BILL	500 EUROPEAN LANE	FORT PIERCE FL 34982
T	<del>DUNKIN, LEE</del> DAVIS, Bill	<del>500 EUROPEAN LANE</del> <del>299 S.W. BENTLEY CIRCLE</del>	<del>Fort Pierce FL 34982</del> <del>PT. ST. LUCIE FL 34986</del>
CT	DAVIS, BILL	500 EUROPEAN LANE	FT. PIERCE FL 34982

8. Name and Address of Current Registered Agent

~~WILLS, JAMES C.~~  
~~9705 S. INDIAN RIVER DRIVE~~  
~~FORT PIERCE FL 34982~~

9. Name and Address of New Registered Agent

Name  
Charles Hamilton  
Street Address (P.O. Box Number is Not Acceptable)  
2911 S.E. 10th AVE  
Suite, Apt. #, Etc.  
500003458995--6  
City  
CAPE CORAL  
11/13/00 State 11/13/00  
\*\*\*236.26L \*\*\*236.26L

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/13/2000

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.

KE

SIGNATURE:

*Walter Reeder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-00

Date

336-8548

Daytime Phone #

CR2E040 (800)