

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 NOV -1 PM 3:47

DOCUMENT # **N25942**

1. Corporation Name

CHRISTIAN DEVELOPMENT CENTER A CHURCH OF THE NAZARENE INC.

Principal Place of Business

Mailing Address

C/O MARTY FILLINGIM
 343 NAIL ST NE
 PALM BAY FL 32907-8554
 US

C/O MARTY FILLINGIM
 343 NAIL ST NE
 PALM BAY FL 32907-8554
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *02*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida 04/18/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2824359	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	800003468848--1 -11/17/00-01073-020 MELBOURNE FL 32904 ***236.25
C	ROWAN, STUART E.	3705 PEACOCK DR. 3759	
D	DAMS, BUDDY Mitchell, Janice	2755 SCHOOL DR NE 931 Penelope Ave NE	PALM BAY FL Palm Bay, FL 32907
T	BAIRD, MIKE	799 GLENGOVE AVENUE NW	PALM BAY FL
D	G GRASSMAN, SHEILA Grassman, Sheila	274 BORDEAUX AVE 1414 Kaslo Cir. N.W	PALM BAY FL 32907
S	BELEW, ANNE	1881 KAMLOOPS STREET NW	PALM BAY FL 32907
sp	WALRO, BARRY	242 HURST RD NE 231 Peake St.	PALM BAY FL 32907

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHULZE, PAUL 451-ALMANSA ST. NE PALM BAY FL 32907-		Name YAHYA-KHAJEH-NOORI Street Address (P.O. Box Number is Not Acceptable) 178 MAYFAIR ST. SE Suite, Apt. #, Etc. City PALM BAY State FL Zip Code 32909	
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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 REQUIRED* Date 10/29/00
 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: *SIGNATURE REQUIRED* Date 10/29/00 Daytime Phone # 984-0106
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Stuart E. Rowan