

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 MAY -6 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N29715

1. Corporation Name

Church of the Nazarene of Tavares, Inc.

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

32151 David Walker Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

32151 David Walker Dr.

Suite, Apt. #, etc.

City & State

Tavares, FL

City & State

Tavares, FL

Zip

32778

Country

USA

Zip

32778

Country

USA

000128566210  
05/06/08--01007--011 \*\*245.00  
REINSTATEMENT 05-08

4. Date Incorporated or Qualified  
To Do Business in Florida December 14, 1988

5. FEI Number

59-2911684

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Carl Parry

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

2820 Wekiva Road

Suite, Apt. #, Etc.

City

Tavares

State

FL

Zip Code

32778

☒ 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

*Carl W. Parry, Sr.*  
REGISTERED AGENT MUST SIGN

Date 1 MAY 08

**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
S/T	Carl Parry	2820 Wekiva Road	Tavares, FL 32778
T	Melanie Hicks	35841 Oakridge Drive	Leesburg, FL 34788
T	Ray Dietrick	24929 Learn Road	Leesburg, FL 34788

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:

*Carl W. Parry, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Carl W. Parry, Sr.

Date

1 MAY 08

Daytime Phone #