

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 JAN -4 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N33526

1. Corporation Name

ST. LUCY'S CATHOLIC APOSTOLIC CHURCH, INC.

Principal Place of Business

Mailing Address

% DAVID W. CRANE  
2787 E. OAKLAND PARK BLVD. STE 403  
FORT LAUDERDALE FL 33306

P. O. BOX 1561  
OCALA FL 34478  
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

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/1989

5. FEI Number

65-0141554

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	ZUCCARO, DOROTHY	210 NE 4TH COURT	Silver Springs, FL
	William Robert Bailey	9901 SE Hwy 314 Box 213	OCALA FL 34488
VPSD	JAMES ALBERT MADISON	12979 SE 122 PLACE	32179
PD	GROOVER, WILLIAM C	221 SW 3RD STREET	OCALA FL 34478
		507 SW 3 Ave	
			400002735514-4
			-01/08/99-01114-012
			***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRANE, DAVID W.  
2787 E. OAKLAND PARK BLVD  
SUITE 403  
FORT LAUDERDALE FL 33306

Name

William C Groover

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

507 SW 3 Ave

Suite, Apt. #, Etc.

(P.O. 1561)

City

Ocala

State

FL

Zip Code

34478

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]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-11-98

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

Yes ☐ No ☐ EXP

(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:

*[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-11-98 352 867-7178

Daytime Phone #

CR2E040 (9/98)