

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 36622

1. Corporation Name

First Christian Church of Chiefland

2. Principal Office Address

6591 NW 140th St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1085

Suite, Apt. #, etc.

City & State

Chiefland, FL

Zip

32626

Country

USA

City & State

Chiefland, FL

Zip

32644

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/67/1990

5. FEI Number

592968648

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

TR

7. Name and Address of Current Registered Agent

Name

Fred MARR

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

7380 W. SUWANNEE ST. (911 # NO MAIL)

Suite, Apt. #, Etc.

City

BELL

State

FL

Zip Code

32619

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

James F. Marr

REGISTERED AGENT MUST SIGN

Date 0-18-2005

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
Deacon	James Pounds	6851 NW 160 th Ave	Chiefland, FL 32626
Elder	Fred MARR	P.O. BOX 403	BELL, FL 32619
Elder	Jack OBrien	P.O. Box 688	Chiefland, FL 32644
Elder	William Studstill	15450 NW 42 nd Lane	Chiefland, FL 32626
Trea- surer	Kay Davis	85 SE 535 th St	Old Town, FL 32680

01/31/05--01008--008 **297.50

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 under section 119.07(3)(b), 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:

James F. Marr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0-18-2005

Daytime Phone #

352-463
6605

CR00001 (01/04)