

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Jul 08, 2005 8:00 A.M.
Secretary of State

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **NS0933**

1. Corporation Name

WILLIAMS MEMORIAL CHURCH OF THE LIVING GOD

700057202097
07/08/05--01016--004 **297.50

2. Principal Office Address
1500 18th Avenue South
St. Petersburg, FL 33705

Suite, Apt. #, etc. ---

City & State

Zip

Country

3. Mailing Office Address **PO Box 11581**
St. Petersburg, FL 33733

Suite, Apt. #, etc. ---

City & State

Zip

Country

REINSTATEMENT **04-05**

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/10/68

5. FEI Number

59-3722571

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

Minister Joyce C. Williams Thomas

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

2330 Callexico Way South

Suite, Apt. #, Etc.

City

St. Petersburg

State
FL

Zip Code **33712**

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

Joyce C. Williams Thomas
REGISTERED AGENT MUST SIGN

Date **7/1/05**

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
DPT	Minister Joyce C. Thomas	2330 Callexico Way South	St. Petersburg, FL 33712
DVP	Elder John W. Knight	2625 1/2 4th Avenue South	St. Petersburg, FL 33712
DS	Sister Sander R. Myles	2221 Callexico Way South	St. Petersburg, FL 33712
DS	Mother Dara C. Knight	2625 1/2 4th Avenue South	St. Petersburg, FL 33712
D	Mother Lillie M. Nash	1401 9th Street South	St. Petersburg, FL 33705
D	Sister Andrea J. Thomas	2330 Callexico Way South	St. Petersburg, FL 33712

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)(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:

Minister Joyce C. Thomas **7/1/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

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