


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 17 AM 9:57

 FLORIDA DEPARTMENT OF STATE Catherine Harris Secretary of State DIVISION OF CORPORATIONS	
CORPORATION REINSTATEMENT	
DOCUMENT # N93000003957	
1. Corporation Name Good Samaritan Christian Center, Inc.	
2. Principal Office Address 1402 HEIMAN AVE Suite, Apt. #, etc.	3. Mailing Office Address P.O. BOX 050094 Suite, Apt. #, etc.
City & State FORT MYERS FL	City & State FORT MYERS, FL
Zip 33905	Country
4. Date Incorporated in Florida 01-01-01041-007 To Do Business in Florida 01-01-01041-007	
5. FEI Number 65-0474134	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name PASTOR FELTON KINCHEN	900004610079-9
Street Address (P.O. Box Number is Not Acceptable) 1402 Heiman Ave	
Suite, Apt. #, Etc.	
City FORT MYERS	State FL
Zip Code 33905	

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 Felton Kinchen	Date 05/29/01
REGISTERED AGENT MUST SIGN	

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
Pastor	FELTON KINCHEN	1402 HEIMAN AVE	FORT MYERS, FL 33905
Secretary	MARY E Furlow	4746 Nottingham Dr	Fort Myers, Florida 33905
Director	LISA TARVER	3608 Seminole Ave APT C-206	FORT MYERS, FL 33906
Deacon	JOHN ROGERS	4539 Mary Drive	FORT MYERS, FL
President	ANNIE L. KINCHEN	1402 HEIMAN AVE	FORT MYERS, FL 33905
Evangelist	ANNIE L. KINCHEN		

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: Felton Kinchen	Date 06/01/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 332-1440 693-5465 693-0152	

CR2001 (9/00)