

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 15 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001084

Corporation Name

VISION COMMUNITY CHURCH INC.

Principal Place of Business

Mailing Address

5555 NEW KINGS ROAD
JACKSONVILLE, FL 32219

9746 DEVONSHIRE BLVD.
JACKSONVILLE, FL 32208



200003180872--6

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, if Applicable

573 LEM TURNER ROAD

Apt. #, etc.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

2208 DUVAL

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/00 01113-012
***490.00 ***490.00
03/06/1995

5. FEI Number

59-3315051

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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	Director		
P	LEWIS, KELVIN L.	9746 DEVONSHIRE BLVD.	JACKSONVILLE, FL 32208
D	Director		
S	LEWIS, GWENDOLYN D.	9746 DEVONSHIRE BLVD.	JACKSONVILLE, FL 32208
D	Director		
T	BAILEY, JOSEPH E.	7060 BISHOP HATCHER DR.	JACKSONVILLE, FL 32219
T	Johnson, Shannon E	6877 Van Gundy Dr	Jacksonville, FL 32208

8. Name and Address of Current Registered Agent

LEWIS, GWENDOLYN D.
9746 DEVONSHIRE BLVD.
JACKSONVILLE, FL 32208

9. Name and Address of New Registered Agent

Name

LEWIS, KELVIN L.

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

9746 DEVONSHIRE BLVD.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32208

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN

Date 3-3-00

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

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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:

Kelvin L. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KELVIN L. LEWIS

3/3/2000 904/766-0818

Date Daytime Phone #