

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N95000005492

1. Corporation Name

GRACE COMMUNITY FELLOWSHIP INCORPORATED

Principal Place of Business

11092 VALENCIA AVENUE  
SEMINOLE FL 34644

Mailing Address

P.O. BOX 3722  
SEMINOLE FL 34645

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3348169

☒ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	CROW, BRUCE	8920 OAK STREET NE	ST. PETERSBURG FL 33702
D	DOYLE, WILLIAM	1113 DUNCAN AVENUE SOUTH	CLEARWATER FL 34616
<del>DS</del>	<del>JOKELA, ROBERT W</del>	<del>11092 VALENCIA AVENUE</del>	<del>SEMINOLE FL 34644</del>
<del>DT</del>	<del>GIMMICK, JEFFREY S</del>	<del>10511 127TH AVENUE NORTH</del>	<del>LARGO FL 34643</del>
DS	KING, NANCY	9040 Briarwood DR	SEMINOLE, FL 33772
DT	BEVERLY CUMMINGS	16543 ST TERR N	ST. PETE, FL 33708

8. Name and Address of Current Registered Agent

PARRI, RAYMOND L P.A.  
1217 PONCE DE LEON BLVD.  
CLEARWATER FL 34616

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is OK for non-profit)  
Suite, Apt. #, Etc.  
City  
State  
Zip Code

11092 VALENCIA AVENUE  
SEMINOLE FL 34644  
-02/17/98-01057-007  
\*\*\*\*245.00 \*\*\*\*245.00  
FL

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

REGISTERED AGENT MUST SIGN

Date 11/12/97

11. 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.)

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)(l), 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:

Nancy L. King NANCY L. KING

Date

Daytime Phone #