

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 # **N96000002924**

1. Corporation Name

TRUE VINE OUTREACH MINISTRY, INC.

Principal Place of Business

**POST OFFICE BOX 1255
STARKE FL 32091**

Mailing Address

**POST OFFICE BOX 1255
STARKE FL 32091**

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

2. New Principal Office Address, If Applicable

422 N. Saint Clair Street

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1996

5. FEI Number

59-320-3185

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)

1 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
-P-	CHANDLER, ROSS PASTOR	787 NAZWORTHY CIRCLE	STARKE FL 32091
-S-	HANKERSON, YOLANDA	#47 HIGHWAY 100-A	STARKE FL 32091
-T-	CUMMINGS, MARY	POST OFFICE BOX 1255	STARKE FL 32091
P/D	CHANDLER, PASTOR ROSS		
S/D	HANKERSON, YOLANDA	1116 LARRY STREET Starke, FL 32091	800002362128--9 -12/03/97-01069-004
T/D	CUMMINGS, MARY	14243 SE 46th Place Starke, FL 32091	*****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CHANDLER, ROSS
THE VINEYARD WORSHIP CENTER
422 NORTH SAINT CLAIR STREET
STARKE FL 32091**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ross Chandler
REGISTERED AGENT MUST SIGN

Date

NOVEMBER 12, 1997

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)(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:

Pastor Ross Chandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PASTOR ROSS CHANDLER

11-12-97

Date

(904) 964-7122

(904) 964-9264

Daytime Phone #

FILED

97 NOV 26 PM 3:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CP2ED4C (8/97)



THE VINEYARD WORSHIP CENTER TRUE VINE MINISTRY



Donnie Sloan
Geraldine Singleton

Elder Ross Chandler, Pastor

Elder Melvin Smith
Minister of
Christian Education

Associate Ministers

November 17, 1997

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sirs:

Per my conversation with a representative from your agency on November 10, 1997, please find enclosed our annual application for reinstatement and a check in the amount of \$61.25.

We returned the application after correction in May 1997, but according to your records you have yet to receive the item.

If there are additional questions or concerns, please do not hesitate to contact me at (904) 964-9264 or (904) 964-7122.

Thank you.

Sincerely,

Elder Ross Chandler
Elder Ross Chandler,
Pastor/President/Director

ERC:h