


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 JUN -8 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT 10-12**  
CR2E081 (11/10)

DOCUMENT # *14 N960000 4543*

1. Corporation Name  
*PROGRESSIVE UNITED CHRISTIAN CENTER, INC.*

2. Principal Office Address - No P.O. Box #  
*Physical Address 11228 S.W. Wilbiston ROAD*

3. Mailing Office Address  
*11228 S.W. Wilbiston ROAD*

Suite, Apt. #, etc.  
*NONE*

City & State  
*Micanopy, Florida*

Zip  
*32667-3181*

Country (COUNTY)  
*ALACHUA*

4. Date Incorporated or Qualified To Do Business in Florida  
*8/30/1996*

5. FEI Number  
*59-226206*

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
*Lizzie Stewart*

Street Address (P.O. Box Number is Not Acceptable)  
*11228 S.W. Wilbiston ROAD*

Suite, Apt. #, Etc.  
*NONE*

City  
*Micanopy*

State  
**FL**

Zip Code  
*32667-3181*

**REINSTATEMENT**  
*2010/2012*

*358.75*

*300235483963*  
05/23/12--01032--010 \*\*\*262.50

*300235483963*  
06/08/12--01030--021 \*\*\*123.25

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 *Lizzie Stewart* Date *5/22/2012*

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
P.T.F.B.	Lizzie Stewart-pastor	11228 S.W. Wilbiston Rd,	Micanopy, FL 32667-3181
C.P.F.B.	Keith Smith and Associate Pastor	c/o 11228 S.W. Wilbiston Rd	Micanopy, FL 32667-3181
T.O.F.B.	Quincy L. Allen	c/o 11228 S.W. Wilbiston Road	Micanopy, FL 32667-3181
S.C.O.B.	CARRIE HERRING	c/o 11228 S.W. Wilbiston Rd,	Micanopy, FL 32667-3181
A.T.A.S.S.	YVONNE PATTERSON	c/o 11228 S.W. Wilbiston Rd,	Micanopy, FL 32667-3181
P.C.O.F.B.	PRISCILLA STOUT	c/o 11228 S.W. Wilbiston Rd	Micanopy, FL 32667-3181

10. E-mail Address: *WE HAVE NO E-MAIL*  
(To be used for future annual report notification)

11. 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. and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Lizzie Stewart / Lizzie Stewart + the Bishop* Date *5/22/12* Daytime Phone # *352-378-1317*