

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 13 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006074

1. Corporation Name

CROSS ROADS FREE METHODIST CHURCH, INC.

Principal Place of Business

1595 E. GRAVES
ORANGE CITY FL 32763

Mailing Address

1595 E. GRAVES
ORANGE CITY FL 32763

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1996

5. FEI Number

59-3433404

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	4 City / State / Zip
TRP	LOVETT, THOMAS M	1198 AZORA DR	DELTONA FL 32725
T	CANDEE, DOREEN Janice Whitters	440 S. CASS ST 761 W Pennsylvanian Ave.	DELAND FL 32720 Lake Helen, FL 32744
TR	MORMUR, WILLIAM	162 N. VOLUSIA AVE	LAKE HELEN FL 32744
PM	HENREY, KENNETH SR	966 COUNTRY CLUB PARK	DELAND FL 32724
PM T	WHITLEY, DONNA F	401 W SEMINOLE BLVD APT 486 162	SANFORD FL 32771
SP	LOVETT, THOMAS	1198 AZORA DR	DELTONA FL 32725

8. Name and Address of Current Registered Agent

LOVETT, THOMAS
1198 AZORA DR
DELTONA FL 32725

9. Name and Address of New Registered Agent

Name Michael Owens
Street Address (P.O. Box Number is Not Acceptable)
1080 Humphrey Blvd.
Suite, Apt. #, Etc.

City Deltona

State FL

Zip Code 32738

CR2E040 (8/01)

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

Thomas M Lovett

REGISTERED AGENT MUST SIGN

Date

9/03/02

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Whitley Donna Whitley 9-03-02 407-323-9981

Date

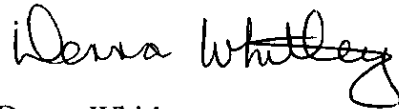
Daytime Phone #

September 4, 2002

To whom it may concern:

Please accept my apology for having failed to file our 2001 corporate annual report. I am the new treasurer at Crossroads Free Methodist church and it was never brought to my attention that this needed to be taken care of. I stumbled across this form, and had never seen any previous notices. Most of the people listed on the form no longer attend our church. When the treasurer left, I was not told about this matter. I have enclosed a check for \$122.50 and \$8.75 for a copy of our certificate. If at all possible, it would be greatly appreciated if you could waive any other reinstatement fees. We are still trying to get our feet on the ground, and any money we can save to pay monthly bills is wonderful. This was simply an oversight, and again I apologize. Thank you for anything that you may be able to do to help us in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Donna Whitley". The signature is written in dark ink and is positioned above the printed name and title.

Donna Whitley
Treasurer