

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

DOCUMENT # N97000000467

1. Corporation Name

The Providence Church, Inc.

REINSTATEMENT 01-04
MRB

2. Principal Office Address

318 School Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 35603

Suite, Apt. #, etc.

City & State

Springfield, Florida

City & State

Panama City, Florida

Zip

32404

Country

Bay

Zip

32412-5603

Country

Bay

400037759274

06/08/04--01019--012 **\$1.25

7/24/03 01042 007 X 358.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/23/97

5. FEI Number

593346066

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Irma Burden Wright

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

236 Scooter Drive

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32408

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

Irma Burden Wright

Date

5/23/02

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
C/P	Russell A. Wright, Sr.	236 Scooter Drive	Panama City, Florida 32408
V	Irma Burden Wright	236 Scooter Drive	Panama City, Florida 32408
T	Robert Jones	1004 Mississippi Avenue	Lynn Haven, Florida 32444
S	Hattie Todd	715 Bob Little Road	Panama City, Florida 32404
D	Alberta Cotton	1303 Bob Little Road	Springfield, Florida 32404
D	Terry Booker	325 Eagle Drive	Panama City Beach, Florida 32407

10. 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:

Russell Wright, Sr.

Russell Wright, Sr.

Date

(850) 522-1300

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR