

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
01 NOV -7 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N97000000657**

1. Corporation Name

**EVANGEL CHRISTIAN CHURCH OF SANTA ROSA, INC.**

Principal Place of Business

210 MARGARET ST  
MILTON FL 32570

Mailing Address

210 MARGARET ST  
MILTON FL 32570

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

2. New Principal Office Address, If Applicable

210 MARGARET ST  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

210 MARGARET ST  
Suite, Apt. #, etc.

City & State

MILTON, FL  
Zip 32570 Country SANTA ROSA

City & State

MILTON, FL  
Zip 32570 Country SANTA ROSA

4. Date Incorporated or Qualified To Do Business in Florida

02/03/1997

5. FEI Number

59-3423243

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	City / State / Zip
D	JERNIGAN, STEPHEN L	1886 SCHNOOR RD	JAY FL 32565
D	JERNIGAN, LORA	1886 SCHNOOR RD	JAY FL 32565
D	DUNCAN, KAREN	780 ASH DRIVE	PENSACOLA FL 32503
2001 UBR			

8. Name and Address of Current Registered Agent

JERNIGAN, STEPHEN L  
1886 SCHNOOR RD  
JAY FL 32565

9. Name and Address of New Registered Agent

Name JERNIGAN, STEPHEN L  
Street Address (P.O. Box Number is Not Acceptable)  
210 MARGARET ST  
Suite, Apt. #, Etc.  
MILTON, FL 32570  
City Milton, FL 32570  
State FL Zip Code 32570

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 10/14/01

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

Date

Daytime Phone #

Nov 4, 2001

**N97000000657**

(2)

RE: # N9700000657

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Thanks for your letter of Oct 26, 2001  
as I understand all you  
needed was a corrected checks  
amount.

Enc. check attached

Thanks again for your help  
*Jim Ferguson*