

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND

02 OCT 16 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003352

1. Corporation Name

The West Palm Beach District Trustees, Florida
Conference of the United Methodist Church, Inc.

2. Principal Office Address

6344 Boynton Beach Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 740876
Suite, Apt. #, etc.

City & State

Boynton Beach FL

Zip

33437

Country

USA

City & State

Boynton Beach FL

Zip

33474

Country

USA

REINSTATEMENT 2000-2002

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

6/10/1997

5. FEI Number

65-1023152

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

Kendall M Taylor

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

6344 Boynton Beach Blvd

Suite, Apt. #, Etc.

City

Boynton Beach

500008398405

-10/16/02-01046-001

****420.00 ****420.00

State

FL

Zip Code

33437

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

Kendall M Taylor

REGISTERED AGENT MUST SIGN

Date 8/15/02

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
<u>D</u>	<u>Dolly Howard</u>	<u>PO Box 572</u>	<u>Belle Glade, FL 33430</u>
<u>D</u>	<u>Ralph Jones</u>	<u>22339 Greentree Cir</u>	<u>Boca Raton FL 33433</u>
<u>D</u>	<u>Ken Zoughton</u>	<u>625 NE Mizner Blvd</u>	<u>Boca Raton FL 33432</u>
<u>D</u>	<u>Joe Marino</u>	<u>7438 SW Sebastian</u>	<u>Boca Raton FL 33433</u>
<u>D</u>	<u>Bill Nix</u>	<u>3430 Blvd Chateaufort</u>	<u>Delray Beach FL 33435</u>
<u>D</u>	<u>Janice Howie</u>	<u>8907 SW Ave N</u>	<u>Palm Beach Gardens FL 33468</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Howie Janice Howie

9/5/02
Date

961-739-9270
Daytime Phone #

CR2E081 (9/01)