

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN 28 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-05



01192005 REIN-NP

CR2E099 (6/04)

MRS

4. FEI Number  
59-3449280

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANDLER, ARTHUR J. REV.  
112 HUEY STREET  
WILDWOOD, FL 34785

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME CHANDLER, ARTHUR J. REV. ☐ Delete  
STREET ADDRESS 112 HUEY STREET  
CITY-ST-ZIP WILDWOOD, FL 34785

TITLE ☐ Change ☐ Addition  
NAME 300045593473  
STREET ADDRESS 01/28/05--01053--006 \*\*297.50  
CITY-ST-ZIP

TITLE SD  
NAME DEVEAN, VONCIA ☐ Delete  
STREET ADDRESS 703 ROSS ST  
CITY-ST-ZIP WILDWOOD, FL 34785

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME TIMMANS, JR., ALBERTS, REV. ☒ Delete  
STREET ADDRESS 300 TERRY STREET  
CITY-ST-ZIP WILDWOOD, FL 34785

TITLE TD  
NAME LARRY G. JOHNSON ☐ Change ☒ Addition  
STREET ADDRESS 2995 W. MAIN ST.  
CITY-ST-ZIP LEESBURG, FLA. 34749

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with changes, with all other like empowered.

SIGNATURE: REV. DR. ARTHUR J. CHANDLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-05

Date

352-748-1695

Daytime Phone #