

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N97000003624**

1. Corporation Name

**EASTSIDE CHRISTIAN CHURCH (DISCIPLES OF CHRIST)
INC.**

Principal Place of Business

1348 EAST 4TH STREET
JACKSONVILLE FL 32206

Mailing Address

1348 EAST 4TH STREET
JACKSONVILLE FL 32206

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

06/23/1997

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

EM 59-3451535

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
T Chairman	Angela Kirksey	6014 Iris Blvd	Jacksonville, FL 32209
T Vice Chairman	Linda Hinson	3824 Marland ST	Jacksonville, FL 32209
T Treasurer	Annie P. Pressley	4505 Moncrief Rd	Jacksonville, FL 32206
			400003020164-00 10/21/99-01010--008 ***306.25 ***306.25

8. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

9. Name and Address of New Registered Agent

Name
D Coley Williams
Street Address (P.O. Box Number is Not Acceptable)
2361 Prawn Road
Suite, Apt. #, Etc.

City Jacksonville State FL Zip Code 32218

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

Coley Williams
REGISTERED AGENT MUST SIGN

Date 9/20/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Coley Williams

9/20/99

Date

904.390.1525

Daytime Phone #