

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 23 PM 6:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004197

1. Corporation Name

LAKE PIERCE FISHERS' OF MEN MINISTRIES, INC.

Principal Place of Business

Mailing Address

2930 HUGGINS RD  
LAKE WALES FL 33853  
US

2930 HUGGINS RD  
LAKE WALES FL 33853  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/1997

5. FEI Number

59-3653043

Applied For

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HUGGINS, PAUL	2942 HUGGINS RD	LAKE WALES FL 33853
D	HUGGINS, BARBARA	2942 HUGGINS RD	LAKE WALES FL 33853
D	MONIZ, ERIC JR	2942 HUGGINS RD	LAKE WALES FL 33853

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUGGINS, PAUL D  
2942 HUGGINS ROAD  
LAKE WALES FL 33853

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Barbara Huggins  
REGISTERED AGENT MUST SIGN

Date

10/18/00

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

10/18/00 863-439-6190

Daytime Phone #