

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000848

1. Corporation Name

FRIENDS OF THE CHURCHES OF CHRIST, INC.

Principal Place of Business

Mailing Address

1511 EAST ORANGE AVENUE
EUSTIS FL 32726

1511 EAST ORANGE AVENUE
EUSTIS FL 32726

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

02/12/1998

5. FEI Number

59-3606146

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
P	GRINNELL, CHARLES E	P.O. BOX 354 N/A	ZELLWOOD FL 32798
VP	MEANS, W. VERNON	2080 WESTLAND ROAD	MOUNT DORA FL 32757
T	COLE, JACK ALLEN	37101 OAK LANE	UMATILLA FL 32785
D	BARKER, MELVIN C	ROUTE 21, BOX 4023	LAKE CITY FL 32024
D	BOYD, ORVEL H	34514 HAMMOND LN	EUSTIS FL 32726
D	CHASTAIN, L B	1440 CLARCONA-OCOEE RD	OCOEE FL 34761

8. Name and Address of Current Registered Agent

MEANS, W. VERNON
1511 EAST ORANGE AVENUE
EUSTIS FL 32726

9. Name and Address of New Registered Agent

Name
200003050677--1
Street Address (P.O. Box Number is Not Accepted)
1172799--01054--001
Suite, Apt. #, Etc.
****236.25 ****236.25
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

W. Vernon Means
REGISTERED AGENT MUST SIGN

Date 11-1-99

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.

Jack A. Cole

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack A. Cole

11-1-99

Date

352-383-2655

Daytime Phone #