

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg 192

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

2000 UBL



FILED

00 OCT 19 PM 2: 25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N98000002169**

1. Corporation Name
WESTSIDE CHURCH OF THE NAZARENE, INC.

Principal Place of Business Mailing Address
7614 PRITCHARD ROAD JACKSONVILLE FL 32219
~~7614 PRITCHARD ROAD JACKSONVILLE FL 32219~~



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/13/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		59-6543198	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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	4 City / State / Zip
<i>TD</i>	BRYAN, RALPH	4010 TAYLOR ESTATES LN	JACKSONVILLE FL 32220
<i>TD</i>	SMITH, HENRY N	12419 MAPLE MEADOWS DR	JACKSONVILLE FL 32220
<i>TD</i>	TUCKER, FAYE	717 N. CHAFFEE ROAD	JACKSONVILLE FL 32220
ST	SMITH, CHARLOTTE	12419 MAPLE MEADOWS DR.	JACKSONVILLE FL 32220
ST	ELLIS, ELIZABETH	240 SHAMROCK AVE. S.	JACKSONVILLE FL 32218
<i>C</i>	<i>LOUISE BRANSON</i>	<i>11533 Harlan DR</i>	<i>Jacksonville, FL 32218</i>
S	THERRELL, DUD	5836 LACY JANE WAY	JACKSONVILLE FL 32244
<i>C</i>	<i>Kimlee Ellis</i>	<i>16548 Village Green Dr S</i>	<i>Jacksonville FL 32234</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CLOUD, CHARLES M 7614 PRITCHARD ROAD JACKSONVILLE FL 32219 1053 LEGAY Ave Jacksonville, FL 32205		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. SP City *****70, 01 State: *****70, 00 FL	

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 *[Signature]* Date **10-17-2000**

REGISTERED AGENT MUST SIGN

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: *Charlotte Smith* **Charlotte Smith** 10-17-00 (904) 693-0480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

CHARLES M. CLOUD, Pastor

PHONE: (904)781-4742



pg 2 of 2

WESTSIDE CHURCH OF THE NAZARENE

7614 PRITCHARD ROAD . JACKSONVILLE . FLORIDA . 32219 . (904) 781-4742

October 17, 2000

**Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327**

Dear Madam Secretary,

We received your correspondence concerning the Administrative Dissolution of our Corporation. Due to the rental of our parsonage the mail was not received concerning our need to renew our Certificate of Corporation. We ask that we might be given a forgiveness of the past due fees. We have enclosed the fee for renewal. We will send the balance if we are not granted the forgiveness of the past due fees.

Respectfully,

**Charlotte Smith
Secretary/Treasure**

*Certificate
Document # n 98000002169*