

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000006789**

1. Corporation Name

BRIGHT WATER CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

3233 INDIAN TRIAL
EUSTIS FL 32726

Mailing Address

3233 INDIAN TRIAL
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

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/1998

5. FEI Number

59-3544916

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

PD

COCHRAN, CLIFFORD J

3233 INDIAN TRIAL

EUSTIS FL 32726

VD

JERGENS, DALE

296 COUNTRY GARDENS DR

EUSTIS FL 32726

TD

NAFF, BETTY

51909 RAILROAD GRADE RD

ALTOONA FL 32702

SD

COCHRAN, JAMIE L

3233 INDIAN TRIAL

EUSTIS FL 32726

D

KULAZENKA, CAROL

35150 WATER'S EDGE DR

FRUITLAND PARK FL 34731

8. Name and Address of Current Registered Agent

COCHRAN, CLIFFORD J REV.
3233 INDIAN TRIAL
EUSTIS FL 32726

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

100008637111
10/28/02--01120--018 **236.25

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/20/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-322-7622
10/20/02 352-483-3140

CR2040 (8/02)