

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAY -2 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000249

1. Corporation Name

NEIGHBORHOOD OUTREACH CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

100 N. ADAMS ST. 916 W. Jefferson St
QUINCY FL 32351 8884 MAGELLAN TR.
TALLAHASSEE FL 32303 Quincy, FL 32351



REINSTATEMENT 00-01

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

01/14/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

916 W. Jefferson St.

1007 S. Atlanta St.

City & State

City & State

Quincy FL

Quincy, FL

Zip

Country

Zip

Country

32351

Quincy

32351

US

5. FEI Number

593492739

☒ 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

000004287156-0

-05/22/99-91084-003

****297.50 ****297.50

1 Pres. T Stanley Dixon

2 1007 S. Atlanta St
Quincy, FL

3 Quincy, FL

V.P.T. Datsy Dixon

4 "

Quincy, FL

Director of Trustee Alvin Wright

P.O. 1943

Quincy, FL 32353

Asst. Dir. of Trustee Terry Frost

930 S. Sikes St.

Quincy, FL

Sec. Lease Lockwood Elise Lockwood

19 Kittrell Rd

Quincy, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIXON, PATSY D

8884 MAGELLAN TR.
TALLAHASSEE FL 32303

Name

SAME

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

1007 S. Atlanta St

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

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 REQUIRED

Date 4-16-01

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 a 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 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

4-16-01

Date

566-3249

Daytime Phone #

CR2E040 (8/00)