PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N99000004554

1. Corporation Name

NORTHEAST CHURCH OF CHRIST, OF CLEARWATER, INC.

Principal Place of Business

Mailing Address

2040 N. MCMULLEN BOOTH RD. CLEARWATER FL

2040 N. MCMULLEN BOOTH RD. CLEARWATER FL

FILED

02 NOV 12 AM 9: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect New Principal Office Address, If Applicable 3. New Mai				illing Office Ad	Les Office Address March 11		Date Incorporated or Qualified To Do Business in Florida 07/26/1999		
Suite, Apt. #, etc. Suite, Apt. #				#, etc.	etc. 5. FEI		er	Applied For	
City & StateCity & State						_59-3231390 Not Applicable			
Zip	p Country Zip			Country 6. CERTIFICA		ATE OF STATUS DESIRED S8.75 Additional Fee requi			
. Names	and Street Addresses of E	ach Officer and	f/or Director (F	lorida nonprofi	t corporations must list at	least 3 directors)			
Title(s)	(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
D	WILLIAMS, CHUCK		842 FRANKLIN CIRCLE		PALM HARBOR FL 34683				
D	MCKINNEY, ED			464 CYPRESS LAKE CT.		OLDSMAR FL 34677			
D	HARRELL, STEVE			2539 ANDERSON DR. W.			CLEARWATER FL 33761		
D -	HARBIG, NEIL			2673 PEACHTREE-CIRCLE E.			CLEARWATER FL 33781		
D	PETER, CHARLES			299 SHEFFIELD CIRCLE E.			PALM HARBOR FL 34683		
			***		No which				
	8. Name and Addre	ss of Current	Registered Ag	ent	Misher	9. Name and	Address of New Registered A	gent	
ותםאנ	NE, BRET T ESQ.				Name	_			
	MCCORMICK DR.				Street Address	(P.O. Box Number	is Not Acceptable)		
	WATER FL 34619				3650 Suite, Apt. #, E	Mc CORMIC	CK DR.		
					Suit	E 100			
					City	NATEN	State	Zip Code 3375 9	
D. I, being	appointed the registered a	gent of the abo	ove named corp	oration, am fa	miliar with and accept the	obligations of Sect	tion 607.0505, F.S. or 617.0505,		
	0	0	/)						
ignature o egistered .	Agent Agent	BOK	THE		QUIRED		Date	, . Z	
J	V	RI	GISTERED AC			· · · · · · · · · · · · · · · · · · ·	Date		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-26-02

127-789-5540

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Daytim

(Requestor's Name)
(is quoted of family
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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OFFICER / DIRECTOR RESIGNATION

I, Me il Harbig, hereby resign as Director (Title)
of Northeast Charch of Christ, of Clearuz Tar (Name of Corporation)
a corporation organized under the laws of the State of Flor ida
and affirm that the corporation has been notified in writing of the resignation.
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

NORTHEAST CHURCH OF CHRIST

2040 N. McMULLEN-BOOTH ROAD CLEARWATER, FLORIDA 33759 PHONE: (727) 799-0007

November 7, 2002

Department of State Division of Corporations • P.O. Box 6327 Tallahassee, Florida 32314

. Gentlemen:

We recently received a Certificate of Administrative Dissolution or Revocation from you regarding the NORTHEAST CHURCH OF CHRIST, OF CLEARWATER, INC. I am the Treasurer of this corporation and I assure you that the two prior uniform business report notices were not received by me. I noticed that this matter had not been taken care of because the fee had not been paid but, my memory being such as it is, I thought this was the responsibility of the registered agent. I finally thought to ask him about it and he replied that it was my responsibility. Before I could get everything together and file an annual report I received this certificate.

I am enclosing the following:
 Completed Application for Reinstatement.
 Completed resignation for one of the Directors.
 Check No. 1405 to cover the following fees:
 Annual filing fee for 2002, \$61.25
 Officer/Director resignation fee \$35.00.
 Total amount \$96.25.

I am requesting that the reinstatement fee be waived. If this is denied, please notify me at the Corporation's address, shown on this letterhead and on the aplication, so that I can forward the additional fee.

Thank you for your consideration in this matter.

Chuck Williams

Director/Treasurer

Which William