

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 23 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000004961

1. Corporation Name

THE DISTRICT BOARD OF TRUSTEES OF THE PENSACOLA
DISTRICT OF THE ALABAMA-WEST FLORIDA CONFERENCE OF
THE UNITED METHODIST CHURCH, INC.

2. Principal Office Address
902 E. Jackson Street
Pensacola, FL 32501

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip
32501

Country
USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** 8/12/99

5. FEI Number

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C. ledon Anchors

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

909 Mar Walt Dr., Suite 1014

100030683831
03/18/04--01012--012 **481 25

Suite, Apt. #, Etc.

City

FT. Walton Beach

State Zip Code
FL 32547

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

C. LeDon Anchors
REGISTERED AGENT MUST SIGN

Date 2/20/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Anchors, C. LeDon	909 Mar Walt Dr., Suite 1014	Ft. Walton Beach, FL 32547
VP/D	McInnis, C. Jeffrey	909 Mar Walt Dr., Suite 1014	Ft. Walton Beach, FL 32547

10. 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:

C. LeDon Anchors

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04 (850) 863-4064

Date

Daytime Phone #

CR2E081 (01/04)

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