

2015 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000005594

1. Entity Name
SAINT CITY MINISTRIES, INC.



Principal Place of Business
1415 DANIELS ST
TALLAHASSEE, FL 32310

Mailing Address
1337 BLOSSOM CIRCLE
TALLAHASSEE, FL 32305

15 AUG 19 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08192015 REIN-NP

CR2E099 (12/11)

City & State

City & State

4. FEI Number
59-3318399

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, HORACE
1337 BLOSSOM CIR
TALLAHASSEE, FL 32305

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Horace Smith

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME SMITH, HORACE
STREET ADDRESS 1337 BLOSSOM CIR
CITY - ST - ZIP TALLAHASSEE, FL 32305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DS ☐ Delete
NAME WILLIAMS, SABRINA
STREET ADDRESS 1337 BLOSSOM CIR
CITY - ST - ZIP TALLAHASSEE, FL 32305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DT ☐ Delete
NAME SMITH, DOROTHY
STREET ADDRESS 1337 BLOSSOM CIR
CITY - ST - ZIP TALLAHASSEE, FL 32305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Horace Smith

8, 19, 20, 15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

E-MAIL ADDRESS

RE 8/19/15