

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



DEPARTMENT OF STATE
KARRIS
SECRETARIES OF CORPORATIONS

FILED

99 DEC 10 PM 6:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707300

1. Corporation Name
THE SEAGATE BAPTIST CHURCH OF NAPLES, FLORIDA, INC.

Principal Place of Business Mailing Address
1010 WHIPPOORWILL LANE (SAME)
NAPLES, FLORIDA 34105

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	5/15/1964
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	59-1216867
City & State	City & State	Applied For	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/>

91-90

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	ODOM, JAMES M.	810 93rd AVE. N.	NAPLES, FL 34108
T	RAY, JIM	3461 BOLERO WAY	NAPLES, FL 34105
T	KAMMERAAD, TIMOTHY	5220 23rd PLACE, S.W.	NAPLES, FL 34116
T	BOSWELL, ALLEN	541 GOLDEN GATE BLVD	NAPLES, FL 34120
T	BOCOCK, ROBERT	140 17th ST. S.W.	NAPLES, FL 34117

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ODOM, JAMES M. 810-93rd AVE. N. NAPLES, FL 34108	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code

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: James M. Odom Date: _____
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: James M. Odom JAMES M. ODOM 10-8-99 941-261-0122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Seagate Baptist Church

1010 Whippoorwill Lane Naples, Florida 34105
(941) 261-0122

Dr. James M. Odom
Pastor

Glenn A. Wiggins
Assistant Pastor

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October 8, 1999

Dear Sirs,

This letter is to request that our corporation status be reinstated. We have been unaware that this annual amount has not been paid. As a church, we have volunteer and part-time help and they failed to accomplish paying these annual fees. A recent transaction has brought this to our attention.

We would deeply appreciate it if you could waive the reinstatement charge. We can pay the past years fees to bring us up to date immediately.

Please advise us concerning this. Enclosed is our check for the fees.

Sincerely,

Dr. James M. Odom
Pastor/President

Dear Sir...

12/1/99

To my knowledge we never received this document. I'm sending the check of \$175.00 to ensure that this is processed. As I'm being held up from a signing of a contract. If there is any problem please call 941-261-0122 OR my cell no. 941-644-8987.

"Where Christ Makes the Difference"