

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

99 OCT 27 PM 1: 57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 724564

1. Corporation Name  
**FIRST BAPTIST CHURCH OF PALM RIVER, INC.**

Principal Place of Business Mailing Address  
**5415 PALM RIVER ROAD TAMPA FL 33619** **5415 PALM RIVER ROAD TAMPA FL 33619**



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 <b>10/17/1972</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-6513401</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	8. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SKIPPER, JERRY	3210 S 70 ST.	TAMPA FL
RA	CLARK, RICHARD	7416 CELESTE LANE	TAMPA FL
SD	<del>CLARK, VIRGIL</del> ALMAND, ROBERT	<del>2616 WISHING WELL WAY</del> 520 S. 56 ST	<del>TAMPA FL</del> TAMPA, FL
D	SMYER, CHARLIE	711 PAPAYA DR.	TAMPA FL
T	<del>ROBERTSON, LEO</del> HAST, OHUCK	7420 MINT JULEP DR. 504 S. 57 ST	<del>RIVERVIEW FL 33569</del> TAMPA, FL 33619

SP

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CLARK, RICHARD 7416 CELESTE LANE TAMPA FL 33619		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		200003035432--6 11/04/99 01001 007 *****61, FL *****61.25	

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]* Date: \_\_\_\_\_  
 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 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: *[Signature]* 10/12/99 626-4540  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/99)