PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
}	PLICATION FOR STATEMENT	FLORID		NTOF STATE arris State	1	
DOCUMENT # 733058						99 JUL -6 AM 11: 28
Galvary Bible Church, Inc.					SECKETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address					}	
1936 E. Venice Ave. Same Venice, FL 34292						
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 lesson	orated or Qualified
Suite, Apt. #, etc. Suite, Apt. #,			To Do Bus			ness in Florida June 13, 1975
					5. FEI Number	Applied For
Zip	HEINSTATI	: IVIEN	86 34	10 F 18	6.	Not Applicable \$8.75 Additional Fee required
					<u>L</u>	of STATUS DESIRED (for a Certificate of Status
7. Names a	and Street Addresses of Each Officer and/ Name of Officers	or Director (Flo	St	reet Address of Each	1	
Trille(s)	and/or Directors		3 (DO NOT L	fficer and/or Director Ise Post Office Box f	Numbers)	City / State / Zip
Deacon	Cliff Peden		711 Citrus Rd.			Venice, FL 34293
Deacon	Reginald Jacobson	390 Vista Woods Dr.			Venice, FL 34293	
Deacon	Clyde Shattuck	5965 Viola Rd.			Venice, FL 34293	
Deacon	Bill Morse	109 Bayshore Rd. #4			NoKomis, FL 34275	
Treasurer	Joe Clark	703 W. Albee Rd.			NoKomis, FL 34274	
Postor	R. Brett Jones	548 La Gorce Dr.		Dr.	Venice, FL 34293	
Name and Address of Current Registered Agent Name Name					7 3	ddress of New Registered Agent
Earl D. Harrell Sr. Street Address (P.O. Box					O. Box Number i	
Venice FL 34293 Venice FL 34293 Venice FL 34293					Clems	1
City Venic					ice	-07/20/99:01081:0-005 ***1032. 54 194123.30
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 — Caul Harself L. Date Time 30, 1999 REGISTERED AGENT MUST SIGN						
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes \(\sum{\text{Ves}}\sum{\text{No}}\sum{\text{No}}\sum{\text{See other side for information on intangible tax.}}\)						
12. Learlify 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 filling 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.						

July 1, 1999 941-485-7070

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