

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 19 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734041

1. Corporation Name

TRUSTEE CORPORATION OF GREATER ST. PAUL BAPTIST CHURCH OF COCOA, FLORIDA, INC.

Principal Place of Business

Mailing Address

L BAPTIST CHURCH OF COCOA, FLA. INC.
C/O W. O. WELLS, 246 ORANGE STREET
COCOA FL

L BAPTIST CHURCH OF COCOA, FLA. INC.
C/O W. O. WELLS, 246 ORANGE STREET
COCOA FL



REINSTATEMENT

9

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

10/10/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1840882

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75: Additional Fee required for Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WELLS, W O	213 MAGNOLIA STREET	COCOA FL
D	MORSE, CLARENCE	213 MAGNOLIA STREET	COCOA FL
P	CAMPBELL, JOSEPH	213 MAGNOLIA STREET	COCOA FL
D	GRAY, JAMES	213 MAGNOLIA STREET	COCOA FL
D	SHAW, AMIE	213 MAGNOLIA STREET	COCOA FL
D	JONES, NED	213 MAGNOLIA STREET	COCOA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WELLS, W O
213 MAGNOLIA STREET
COCOA FL 32922

Name 400002037054-6
-12/24/96-01038-010
Street Address (P.O. Box Number is Not Applicable) 175.00 ***175.00
Suite, Apt. #, Etc.
City 400002037054--6
-12/24/96 State 11098-011
***61.25 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

W.O. Wells

REGISTERED AGENT MUST SIGN

Date

11/16/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

W.O. Wells W.O. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/96

Date

Daytime Phone

CR2E040 (7/95)