PLEAS	E READ A	LL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
TION	CO TO	FLORIDA DEPARTMENT OF STATE	•
ION		Katherine Harris	FUFD

APPLICAT **FOR** REINSTATEMENT



Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Suite, Apt. #, etc. City & State

HAMMOCK FIRST BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

City & State

5328 N OCN SHR DR. PLM. COAST. FL 32307

PO BOX 792 FLGLER BEACH FL 32137-3213

2 New Principal Office Address, If Applicable

5328 N OCN SHR DR. PLM. COAST, FL 32307 PO BOX 792 FLGLER BEACH FL 32137-3213

If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable

P111	$- \infty$

N.	UEIMO I VI EIMEM	99
	Date Incorporated or Qualified To Do Business in Florida	
	12/	21/1977
	5. FEI Number	Applied For
	59-1846794	Not Applicable
	6	

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SECRETARY OF STATE

Zip	Country Zip		Country 6.			6. CERTIFICATE OF STATUS DESIRED \$8.75 Addat small Fest 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)									
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3		City / State / Zip			
D				OFFICE OF BOURT - 3 Apache Ave		PALM COAST FL	32137		
D	ROSS, LOIS			P O BOX 1173			FLGLER BCH FL 32136		
D	WEEKE, BILL Chambers, John			261 GEAGREEZE DR- 40 Federal Dr		FLOLER BOH FL 32130 PAIM COOST 32137			
S	LEWIS, JE	WHE Cham	bers, sindy	93 WOODHAVEN	HBR 40 Fec	derator	PALM COAST FL-8	2 184 32137	
P	HUTH, RO	ser Burge	ss, Donald	5018 N. OCEANS	SHORE BLVD.	t7 Blairm Place	PALM COAST FL	3213 <u>1</u>	
T	WHUNG, HOMER + UPTON, DIGAR			2 PORT ECHOLUNE 9 DELOTA LOUNE		PALM COAST FL	32137		
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent					
HUTH, ROGER D D 5918 N OCEAN SHORE BLVD ST AUGUSTINE, FL 20003031362-005 PALM COAST FL 32137 -11/01/99-01126-005 ****236.25 *****236.25				29 6005 **236.25	Sulte, Apt. #, Etc	ress (P.O. Box Number is Not Acceptable) Placinmore Place #, Etc. State Zip Code FL 32,137			

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 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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

10. I, being appointed the registered agent of the above named corporation, am familia

the obligations of Section 607.0505, F.S