PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

THE FIRST BAPTIST CHURCH OF BRANFORD, INC.

Principal Place of Business

Mailing Address

503 SWUANNEE AVE

PO BOX 853

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

BRANFORD FL 32008

BRANFORD FL 32008

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



400009020864 11/15/02--01039--013 **245.00

607	incipal Office Address, If Applicable SW SUWANNEE AVE		Office Address, If	Applicable		orated or Qualified ness in Florida	06	/26/1978	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc	C.		.5FEI Number			Applied For	\dashv
		City & State				59-1203217		Not Applicable	Ð
Zip	Country	Zip	Countr	у	6. CERTIFICATI	OF STATUS DESIRED		75 Additional Fee requir or a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/	or Director (Florida	a nonprofit corpora	ations must list at le	east 3 directors)				╕
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
T	THOMAS, W.C. HATCH, SHIRLEY		25045 CR 137 P.O. BOX 295			0 BRIEN FL 32071 BRANFORD, FL 32008			
T	GAYLARD, BILL Archie W., I		7556 240 STREET			O BRIEN FL 32071			
Ţ	KELLEY, KEVIN HALL, CARROLL	7	7701 290TH STREET 28834 794h ROAD			BRANFORD FL 32008 BRANFORD, FL 32008			
ci T	KINSEY, TIMOTHY MULVI HILL, GREG	F	RR4 BOX 138			BRANFORD FL 32008			
T	VANN, J.W.	2	20041 73RD ROAD			O BRIEN FL 32071			
T	WALKER, WILLIAM SEVERANCE , HUBERT	. [1542 290TH GTF P.O. BOX. 4			BRANFORD FL 32008 BRANFORD, FL 32008			
	8. Name and Address of Current F	Name and Address of New Registered Agent							
-112 S	T, JOHN L STEPHEN C. WANNEE AVE 10 Months FORD FL 32000 Lake C-Y	Bullock Columb Florid	ia ST. la 32056	STE Street Address (10 Suite, Apt. #, Etc	N. COLL	BULLOCK is Not Acceptable) MBIA STRE	EΤ		CB2E040 (8/02)
40				LAK	LE CITY		State FL	Zip Code 32056	4
IU. 1, Deing	g appointed the registered agent of the abor-	ve named corporati	ion, am familiar wi	th and accept the o	obligations of Secti	on 607.0505, F.S. or 6	17.0505	i, F.S.	

Signature of Registered Agent

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR