

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753847

1. Corporation Name

DUNNS CREEK BAPTIST CHURCH, INC.

Principal Place of Business

1425 STARRATT ROAD
JACKSONVILLE FL 32218

Mailing Address

1425 STARRATT ROAD
JACKSONVILLE FL 32218

2002 YBR



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

08/20/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1367512

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$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	NEWMAN ROBERT S	15430 CAPE DR N	JACKSONVILLE FL
SD	OWENS, JOYCE	3101 STARRATT RD	JACKSONVILLE FL
T	BAEZ, HERB	17028 EAGLE BEND BLVD	JACKSONVILLE FL 32226

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8. Name and Address of Current Registered Agent

NEWMAN ROBERT S
15430 CAPE DR N
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CREDA0 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Robert S Newman
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/27/02

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.

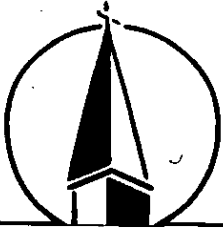
SIGNATURE:

Joyce L Owens
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/02 904)757-0343



2 of 2

Dunns Creek Baptist Church

David R. Malmberg
Pastor
757-5851

Daryll Stanley
Music
751-5657

Joyce Owens
Day Care Director/ Sec.
757-3955

Brian Peters
Youth
757-7219

1425 Starratt Road
JACKSONVILLE, FLORIDA 32218
Church Phone (904) 757-0343

October 28, 2002

Florida Department of State
Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: DUNNS CREEK BAPTIST CHURCH, INC.
Doc. # 753847

We recently received a Notice of Administrative Dissolution.
We are unaware of receiving prior notices this year. Enclosed
is the necessary fees for reinstatement.

Please contact me if any additional information is needed.

Thank you for your assistance.

Sincerely,

Joyce Owens
Secretary

Robert S. Newman, Registered Agent