

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR



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

DOCUMENT # **N01000002106**

1. Corporation Name  
**NEW JORDAN MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**7489 HAVANA HWY. HAVANA FL 32333**

**FILED**  
 02 NOV -5 AM 9:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

2. New Principal Office Address, If Applicable <i>45 Keith Court</i>	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida <b>03/19/2001</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
City & State <i>Gretna Fla</i>	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip <i>32332</i>	Country <i>Gadsden</i>	

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	City / State / Zip
D	GREENE, CURTIS	303 MARTIN L. KING BLVD.	GRETNA FL 32332
D	SAILOR, DAVID P.O. BO	P.O. BOX 363	GRETNA FL 32332
D	HAMILTON, CORRINE	803 2ND ST.	QUINCY FL 32351

*02 LDR TO* **000008799730**  
**11/05/02--01027--002 \*\*61.25**

8. Name and Address of Current Registered Agent <b>SAILOR, JAMES A</b> <b>7489 HAVANA HWY.</b> <b>HAVANA FL 32333</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
--	--

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 *[Signature]* **SIGNATURE REQUIRED** Date 11-1-02  
 REGISTERED AGENT MUST SIGN

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)(l), 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]* **SIGNATURE REQUIRED** *James A Saylor*  
**SIGNATURE:** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 11-1-02 Daytime Phone # 890-539-1942

CR2E040 (8/02)

*page 2 of 2*

TO WHOM IT MAY CONCERN

THE NEW JORDAN MB CHURCH DID NOT RECEIVE THE TWO PRIOR UBR NOTICES. THIS IS OUR VERY FIRST MATERIAL FROM YOUR OFFICE. ENCLOSED IS THE NOT FOR PROFIT CORP . FEE OF \$61.25.

THANK YOU  
JAMES A SAILOR-PASTOR