

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002986

1. Corporation Name

NEW ST. JAMES MISSIONARY BAPTIST
CHURCH, INC.

REINSTATEMENT 2003

800024772408
11/18/03--01004--016 **236.25

2. Principal Office Address
1890 NW Jake Glen

Suite, Apt. #, etc.
N/A

City & State
Lake City, FL

Zip Country
32055 USA

3. Mailing Office Address
1890 NW Jake Glen

Suite, Apt. #, etc.
N/A

City & State
Lake City, FL

Zip Country
32055 USA

4. Date Incorporated or Qualified
To Do Business in Florida 2002

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Donal Parnell

Street Address (P.O. Box Number is Not Acceptable)
1890 NW Jake Glen

Suite, Apt. #, Etc.
None

City
Lake City

State Zip Code
FL 32055

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/29/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TP	Donal Parnell	1890 NW Jake Glen Lake City, FL 32055	Lake City, FL 32055
TT	Herman Huland	650 NE Gibbs Terrace	Lake City, FL 32055
TS	Harry P. Anderson	Route 15, Box 3760	Lake City, FL 32024
T	Carlene Anderson	Route 1, Box 207	Lake City, FL 32055
T	James Smith	Route 22, Box 390	Lake City, FL 32024
V	Samuel Parnell	Route 1, Box 223	Lake City, FL 32055

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03

Date

386/752-4521

Daytime Phone #

CR2E081 (9/01)