


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 23 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004896

1. Corporation Name
SAINT PETER BAPTIST CHURCH INC.
Saint

Principal Place of Business Mailing Address

5717 SE 152nd ST. GROVE PARK, FL. 32640
P.O. Box 791 HAWTHORNE, FL 32640

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

REINSTATEMENT 94-97

2. New Principal Office Address, If Applicable NA		3. New Mailing Office Address, If Applicable NA		4. Date Incorporated or Qualified To Do Business in Florida 11/1/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-320-7858	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Chairman	LEE A. Johnson	Rt. 3 Box 239	Hawthorne, FL 32640
Director	Kennith Brown	5717 SE 152 nd St	Grove Park, FL 32640
Director	Julia L. Brown	SE 9 th PL	Grove Park, FL 32640
Pastor	Derrick L. Mercer	15507 S.E. Haw. Rd	Hawthorne, FL 32640
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Same →		Name Lee A. Johnson	
		Street Address (P.O. Box Number is Not Acceptable) Rt. 3 Box 239	
		Suite, Apt. #, Etc. 1	
		City Hawthorne FL	State FL

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.

Signature of Registered Agent **Lee A. Johnson** Date **6/23/97**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: **Derrick L. Mercer** Date **6/23/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **(352) 481-2802**

CR2000 (12/96)