PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 MAR -2 PM 1:19

DOCUMENT # N99000003194

1. Corporation Name
~~BETHLEHEM~~ TEMPLE CHURCH OF CHRIST BETHLEHEM

Principal Place of Business	Mailing Address
5931 MELSON JACKSONVILLE, FL. ~~32212~~ 32207	P.O. BOX 16702 St. PETERSBURG, FL. ~~33733~~ 33733

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

REINSTATEMENT 07-96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 7-16-96

5. F.E.I. Number: 59-3393614 (Applied For / Not Applicable)

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

600002837496--9
-04/13/99--01011--013
****367.50 ****367.50

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	4
PASTOR DIRECTOR	LEDELL CARR	2045 15th Av. So.	St. Petersburg, Fl. 33712
Secretary Director	PATRICIA E. COOPER	5812 16th LANE So. unit 1 ~~St. PETERSBURG, FL. 33712~~	St. PETERSBURG, FL. 33712
Director	DORIS W. ZITOWITZ	3735 42nd WAY So, #C	ST. PETERSBURG, FL. 33712
Director	HOMER BURCH	16014 DETROIT St.	JACKSONVILLE, FL. 32254
Director	SAMMIE L. PETERSON	418 W. 16th St.	JACKSONVILLE, FL. 32208

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: BISHOP JAMES W. ANDERSON
Street Address (P.O. Box Number is Not Acceptable): 3012 N. 22nd Street.
Suite, Apt. #, Etc.:
City: TAMPA | State: FL | Zip Code: 33605

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: Bishop James W. Anderson (REGISTERED AGENT MUST SIGN) Date: 2/11/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No [ ]

(See other side for explanation 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: Ledell Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-99 727 894-4219
Date / Daytime Phone #