

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

FILED

03 MAY -8 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97.000003977

1. Corporation Name Celebration Baptist Church of Jacksonville, Florida, Inc.
13720 McCormick Road
Jacksonville, FL 32225

2. Principal Office Address

13720 McCormick Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225 Duval

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/97

5. FEI Number

54-3461547

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

Lee M. Sheppard

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

11516 Beacon Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/6/03

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
PD	Lee M. Sheppard	11516 Beacon Drive	Jacksonville, FL 32225
VD	Fred Kyle	1448 Panther Run Road	Jacksonville, FL 32225
SD	Melissa Penrod	3256 Ayshire Street	Jacksonville, FL 32226
		02-03 TS	

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

Lee M. Sheppard

Date

5/6/03 904-220-2727

Daytime Phone #

CR2E081 (10/02)



Penrod

May 6, 2003

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

Dear Sir/Madam:

In checking my files today, I noticed that we had not received a renewal for our Uniform Business Report. Our address has changed, and apparently the forms were not forwarded. We have not received any forms since March 2001. Please reinstate our corporation.

I called your office and was advised to send this letter, along with a completed reinstatement form and check for \$122.50. If there is further information needed, please let me know. Thank you.

Sincerely,

Melissa Penrod
Corporate Secretary