

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF, CORPORATIONS

N99000006445

1. Corporation Name

SAN ANTONIO COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

31345 SR 52

P O BOX 697



00 OCT 26 PM 5:37

SAN ANTONIO FL 33576		SAN ANTONIO FL 33576)		
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		ough incorrect information and enter correction below 3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		f Applicable	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number		
7. Names and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprofit corpo	rations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
D DA	DAPHNES. REED			37349 MARCO CANE		DADE CITY. FL 33525	
D V. H.	V. HERBERT KETCHAM			23283 HAYMAN ROAD		BROOKSVILLE, FL 34602	
D THEL	MA "GINGER"	FAULK	36325	- LAKE PA	SADENAE	DADE CITY	, FL 33525
				05	5-02-0	0 90120	048 \$ 70
							dial
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
STEVENS, BRADLEY J 9749 WALLASTON DR DADE CITY FL 33525				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
DADE OIT IE O				City		State FL	
10. I, being appointed th Signature of Registered Agent	e registered agent of the abo	ve named corporation of the corp	eration, am familiar EMMUST SIGN	with and accept the o	bligations of Secti		

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 filling 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.

0078509





Bradley J. Stevens Pastor

Daniel C. Edgeman Minister of Youth'

> Audrey A. Freijo Minister of Children

23 October 2000

Florida Department of State PO Box 6327 Tallahassee, Florida 32314-6327

To whom it may concern:

We received a "Notice of Administrative Dissolution or Revocation" in the mail last weekend for our church. I am sending this letter per my telephone conversation with Michelle, in the reinstatement office, on 23 October.

She stated that while our check had cleared on 9 May, our form was returned for correction. To my knowledge, we have not received that notice and have proceeded on the assumption that our processed check verified our filing.

Michelle suggested that the problem with our form might have been the assigned title codes for our directors, which I now know were in error. I have enclosed a correctly completed application and respectfully request that the reinstatement fee be waived under the circumstances.

If there is any question, I can be reached at (352) 567-1459.

Sincerely

Bradley J. Stevens

Pastor: