

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 757384

1. Corporation Name

FRIENDSHIP BAPTIST CHURCH OF IMMOKALEE, FLORIDA, INC.

Principal Place of Business

Mailing Address

801 N 11TH ST
IMMOKALEE FL 34142
US

PO BOX 580
IMMOKALEE FL 34143
US

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

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

04/02/1981

5. FEI Number

59-2376139

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	City / State / Zip
PD	KENNEDY, JERRY	1115 MARJORIE ST 1154 Serenity Way	IMMOKALEE FL
VD	COOK, GLEN	904 TAYLOR TERR	IMMOKALEE FL
D	GOLDING, WADE H. B. Sterling Jr.	718 N 15TH ST (HWY 29) 720 N. 15th St.	IMMOKALEE FL
T	PEACOCK, ROY L	PO BOX 5164 STATE ROAD 82 P.O. Box 405 368 Morris Taylor Rd	IMMOKALEE FL 34135

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDING, WADE M.
718 NORTH 15TH STREET
IMMOKALEE FL 34142

Name H. B. Sterling, Jr.

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

720 N. 15th St.

Suite, Apt. #, Etc.

City

Immokalee

State

FL

Zip Code

34142

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/21/03

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 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:

SIG H. B. STARLING, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/03

Daytime Phone #

CR2E040 (7/03)