

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 SEP -2 PM 2:59

SECRETARY OF STATE  
PALM BEACH COUNTY

DOCUMENT # 735969

1. Corporation Name

The Episcopal Church of St. Bede

2. Principal Office Address - No P.O. Box #

2500 16th St. N

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33704

Country

Pinellas

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33704

Country

Pinellas

**REINSTATEMENT**

CR2E081 (12/08)

06-09

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug. 22, 1952

5. FEI Number

59-0830136

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Boyd Carson

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

2500 16th St. N.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33704

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

The Rev. Boyd R. Carson  
REGISTERED AGENT MUST SIGN

Date August 30, 2009

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
Treasurer	Robert Bass	Po Box 22832	St. Petersburg, FL 33742
Secretary	Nancy Nichols	233 N. Lake Hartridge Dr. NW	Winter Haven, FL 33881
Sr. Warden	Dottie Delicre	4500 17th Ave. N	St. Petersburg, FL 33713

300160246569  
09/02/09--01031--006 \*\*595.00

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 contained in Chapter 119, 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:

Robert W. Bass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/09

Date

727 415-3186

Daytime Phone #