

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 1:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **700098**

1. Corporation Name

BETHEL COMMUNITY BAPTIST CHURCH, INC.

REINSTATEMENT 03



800023915818
 10/17/03--01077--026 **236.25

Principal Place of Business

Mailing Address

2901 54TH AVE. SOUTH
 SAINT PETERSBURG FL 33712

2901 54TH AVE. SOUTH
 SAINT PETERSBURG FL 33712

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

4. Date Incorporated or Qualified To Do Business in Florida

10/30/1959

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-0249156

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	WOOTEN, GEORGETTA M	2450 MADRID WAY S	SAINT PETERSBURG FL 33712
VD	SIMS, ZEKE	4336 FAIRFIELD AVE. SO.	ST PETE FL 33711
D	MYLES, JAMES	5651 - 5TH ST. SO.	ST. PETERSBURG FL 33705
T	SUMMERS, LEONARD	1210-26TH AVENUE SO.	ST. PETERSBURG FL 33705
T	THOMPSON, EVELYN	2411 - 44TH ST. SO.	ST. PETERSBURG FL 33711
D	SYKES, MANUEL L REV.	831 BAY VISTA BLVD.	ST. PETERSBURG FL 33705

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SYKES, MANUEL L REV.
 831 BAY VISTA BLVD. SOUTH
 ST. PETERSBURG FL 33705

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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

James Myles
 REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

James Myles
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/03
 Date

727/542-0396
 Daytime Phone #

CR2E040 (7/03)