

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR -1 PM 2:10

DOCUMENT # 704189

1. Corporation Name

FIRST BAPTIST CHURCH OF OZONA - PALM HARBOR
INC.

REINSTATEMENT 09-11

300196457433
03/01/11--01028--006 **358.75

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

610 PENNSYLVANIA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 339

Suite, Apt. #, etc.

City & State

OZONA FL

Zip

34660

Country

USA

City & State

OZONA FL

Zip

34660

Country

USA

CR2B081 (11/10)

3/2

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1962

5. FEI Number

592125607

☐ 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

MIKE ROGERS

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

610 PENNSYLVANIA AVENUE

Suite, Apt. #, Etc.

City

OZONA

State

FL

Zip Code

34660

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

Mike Rogers

Date 2-24-2011

REGISTERED AGENT MUST SIGN

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
P	MIKE ROGERS	2576 B LAUREL WOOD DR.	Clearwater FL 33763
T	BILL SUMMERS	4378 WORTHINGTON CIRCLE	Palm Harbor FL 34684
T	JR DUNSMORE	2755 CURLEW Rd #146	Palm Harbor FL 34684

10. E-mail Address: fbc.ozona@verizon.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Mike Rogers

MIKE ROGERS

2-24-2011

727-784-3711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #