


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 717450

1. Corporation Name

Bridge Creek Baptist Church

2. Principal Office Address

2560 Hwy 183-A

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ponce De Leon FL

Zip

32455

Country

USA

City & State

Zip

Country

03 AUG 11 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

REINSTATEMENT 02-03

4. Date incorporated or Qualified
To Do Business in Florida

10-27-69

5. FEI Number

59-2380190

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

Friend Kathy

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

2560 Hwy 183-A

Suite, Apt. #, Etc.

200022208852

08/11/03--01034--009 *481.25

City

Ponce De Leon

State

FL

Zip Code

32455

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

Kathy Friend

Date 8-6-03

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 |
|--------|--------------------------------------|---|------------------------|
| PD | Farrior, R P | 2567 Hwy 183-A | Ponce De Leon FL 32455 |
| D | Nowling, William | 2554 Hwy 183-A | Ponce De Leon FL 32455 |
| D | Friend, Greg | 2560 Hwy 183-A | Ponce De Leon FL 32455 |
| D | Adams, Jack | 1053 Bridge Creek | Ponce De Leon FL 32455 |
| | | | |
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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 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:

Greg Friend

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-03

Date

850-892-2691

Daytime Phone #

CR2001 (10/02)

SL 8/13