

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731093

1. Corporation Name

NORTHVIEW BAPTIST CHURCH OF PENSACOLA, INC.

Principal Place of Business

407 W. MICHIGAN
PENSACOLA FL 32505

Mailing Address

407 W. MICHIGAN
PENSACOLA FL 32505

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

1

2

3

4

City / State / Zip

TD

BURCHETTE, PHILLIP

10356 O DANIEL DR.

PENSACOLA FL

PD

MOTT, C. ELTON

10194 HOLSBERRY

PENSACOLA FL

TD

MOTT, KEITH

10194 HOLSBERRY ROAD

PENSACOLA FL

S

CLARK, NELL L.

1104 N. 50TH AVE.

PENSACOLA FL

S

WOODARD, BARBARA A.

9121 AMHERST DR.

PENSACOLA FL

TD

AMERSON, MICHAEL

10194 HOLSBERRY ROAD

PENSACOLA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOTT, C. ELTON

10194 HOLSBERRY ROAD

PENSACOLA FL 32504

Name

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

Suite, Apt. #, Etc.

City

10194 HOLSBERRY ROAD

10194 HOLSBERRY ROAD

10194 HOLSBERRY ROAD

10194 HOLSBERRY ROAD

10194 HOLSBERRY ROAD

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.

Signature of
Registered Agent

C. Elton Mott

REGISTERED AGENT MUST SIGN

Date 3-11-99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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. 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:

C. Elton Mott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99

Date

Daytime Phone

REINSTATEMENT

45-280
3/12/99

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

11/12/1974

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (5/95)