

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 734543

1. Corporation Name

TRUSTEE CORPORATION OF THE FIRST BAPTIST CHURCH  
OF SOUTH BREVARD, INC.

Principal Place of Business

4300 N. WICKHAM RD.  
MELBOURNE FL 32935

Mailing Address

4300 N. WICKHAM RD.  
MELBOURNE FL 32935

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/1975

5. FEI Number

59-1596438

Applied For

Not Applicable

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
PD	RHODES, C. M.	3160 ELLIS DR	W MELBOURNE FL 32904
<del>TD</del>	<del>DYE, RUTH</del> DELETE	2877 LOCKSLEY RD	<del>MELBOURNE FL</del>
VD	RHODES, J A	667 COCONUT GROVE	W MELBOURNE FL 32904
<del>SD</del>	<del>DYE, TERRY</del> DELETE	2877 LOCKSLEY RD	<del>MELBOURNE FL</del>
TD	CAIN, Jeff	1860 Tallridge Road	Melbourne, Fl. 32935
SD	Knoche, Jim	1437 Glencove NW	Palm Bay, FL. 32907

8. Name and Address of Current Registered Agent

RHODES, C M  
3160 ELLIS DR  
W MELBOURNE FL 32904

9. Name and Address of New Registered Agent

Name

Charles Marc Rhodes

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

3160 Ellis Drive

Suite, Apt. #, Etc.

West Melbourne

City

State

FL

Zip Code

32904

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-21-02

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:

SIGNATURE REQUIRED  
Charles M. Rhodes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-02 321-259-1723

Date

Daytime Phone #

CR20040 (9/02)