

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 21 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737043

1. Corporation Name

Mt. Calvary Missionary Baptist Church of
Jacksonville, Inc.

2. Principal Office Address

4751 Walgreen Rd.

3. Mailing Office Address

4751 Walgreen Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32209

City & State

Jacksonville, FL 32209

Zip

32209

Country

USA

Zip

32209

Country

USA

REINSTATEMENT

03-04

MRS

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/14/1976

5. FEI Number

59-2585573

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

Stephen A. Hould, Esquire

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

920 Third Street, Suite D

Suite, Apt. #, Etc.

Suite D

City

Neptune Beach

State
FL

Zip Code
32266

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

July 14, 2004

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	Newman, John Allen	4751 Walgreen Rd.	Jacksonville, FL 32209
D	Mayhew, Isaac I	1252 Turtle Creek Dr. N.	Jacksonville, FL 32218
D	Cammon, George	2618 Glen Mawr Road	Jacksonville, FL 32207
D	Thompson, Lena	1231 Brookwood Forest Blvd	Jacksonville, FL 32225
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			09/23/04--01057--004 **306 25

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)(f), 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]

JOHN ALLEN NEWMAN

(904) 768-4325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)