

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 13 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740256

1. Corporation Name

ST. JOHNS MISSIONARY BAPTIST CHURCH

Principal Place of Business

Mailing Address

2006 A. E. ISAACS AVENUE
WEST PALM BEACH FL 33407

2006 A. E. ISAACS AVENUE
WEST PALM BEACH FL 33407



80

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1665221

Not Applicable

Zip Country

Zip Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TC	DAVIS, HODGES	419 S. MANGONIA CIRCLE	WEST PALM BEACH FL
TVC	WILLIAMS, BETTYE	917 W. 3RD STREET	RIVIERA BEACH FL
C	POWELL, RUTH M.	1660 30TH STREET	RIVIERA BEACH FL
TT	ROSTANT, JOHN	1618 44TH ST	WEST PALM BEACH FL
CT	HARDNETT, BARBARA	350 W. 21ST STREET	RIVIERA BEACH FL
DT	TEAGUE, SAMUEL L., SR.	1100 W. 2ND STREET R.B.	RIVIERA BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TYSON, JOSEPH B.
3521 W 35TH STREET
RIVERIA BCH. FL 33404

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Joseph B. Tyson
REGISTERED AGENT MUST SIGN

Date

11-26-2000

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.

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****236-25 ****236-25

561-833-3966

SIGNATURE:

Hodges Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/00