

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 744106

1. Entity Name
ST. JOSEPH MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
5914 S. 78TH STREET
TAMPA, FL 33619

Mailing Address
5914 S. 78TH STREET
TAMPA, FL 33619

FILED

05 JAN 24 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12142004 REIN-NP CR2E099 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
58-1837666

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOBLES, HENRY E ESQ
1511 N. MORGAN
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/05
DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE FS ☐ Delete
NAME ELSTON, ARNOLD
STREET ADDRESS 8531 BLUE RIDGE DR
CITY-ST-ZIP TAMPA, FL 33619

TITLE CT ☐ Delete
NAME ROBERTS, CHARLES S
STREET ADDRESS 7917 DAHLIA AVE
CITY-ST-ZIP TAMPA, FL 33619

TITLE T ☐ Delete
NAME RODGERS, ELI
STREET ADDRESS 1711 WINDERMERE WAY
CITY-ST-ZIP TAMPA, FL 33619

TITLE D ☐ Delete
NAME WASHINGTON, GEORGE
STREET ADDRESS 5201 SO. 80TH ST
CITY-ST-ZIP TAMPA, FL 33619

TITLE T ☐ Delete
NAME PHILON, ROBERT
STREET ADDRESS 4917 81 ST
CITY-ST-ZIP TAMPA, FL 33619

TITLE CCT ☐ Delete
NAME MURPHY, JAMES
STREET ADDRESS 5410 87 STREET
CITY-ST-ZIP TAMPA, FL 33606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 400043539304
STREET ADDRESS 12/20/04--01075--006 **245.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT
STREET ADDRESS 04-05
CITY-ST-ZIP TR

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400043539304
STREET ADDRESS 01/31/05--01008--009 **70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles S. Robert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-04

Date

Daytime Phone #