

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 21 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746472

1. Corporation Name

Greater Beulah Missionary Baptist
Church, INC

000161980460
10/21/09--01028--001 **70.00

REINSTATEMENT 2009

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

9550 Ribault AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Jacksonville, FL

City & State

SAME

Zip

32208

Country

Duval

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

MAR 27, 1979

5. FEI Number

59-2960461

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

JAMES A. DEMPS JR

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

9550 Ribault AVE

Suite, Apt. #, Etc.

N/A

City

Jacksonville

State

FL

Zip Code

32208

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

James A. Demps Jr.
REGISTERED AGENT MUST SIGN

Date

OCT, 19, 2009

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
D	WALTER L. STROY	2507 Melson AVE	Jacksonville, FL 32205
D	Ilam Nixon	9550 Ribault AVE	Jacksonville, FL 32208
T	George A. Golphin	2319 W. ALAMEDA	Jacksonville, FL 32209
I			

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 contained in Chapter 119, 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:

Walter L. Stroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT, 19, 2009
Date

904-768-2090
Daytime Phone #

JC 10/21