


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JAN 18 PM 4:02	
2005 ANNUAL REPORT					
DOCUMENT # 756164					
1. Corporation Name First Bethel Missionary Baptist Church 506 North Eleventh Street Fort Pierce, FL 34950					
2. Principal Office Address 6914 N.W. Barodest Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State Port St Lucie, FL			City & State 		
Zip 34983	Country St. Lucie	Zip 	Country 	4. Date Incorporated or Qualified To Do Business in Florida Feb. 2, 1981	
5. FEI Number 59-2255151				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Robert Kirk					
Street Address (P.O. Box Number is Not Acceptable) 232 S.W. MOSELLE Ave. 34984					
Suite, Apt. #, Etc. 					
City Port St Lucie				State FL	Zip Code
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 Robert Kirk				Date 1-7-05	
REGISTERED AGENT MUST SIGN					
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	
P	Eldrew Baldwin Jr	6914 N.W. Barodest		Port St Lucie, FL 34983	
VP	Robert Kirk	232 S.W. MOSELLE Ave		Port St Lucie, FL 34984	
S	Sandra Chester Kerr	807 Ave M		Fort Pierce, FL 34950	
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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)(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: Eldrew Baldwin Jr 1-7-05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

CR2E081 (01/04)