

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 NOV -7 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT \_\_\_\_\_

REINSTATEMENT \_\_\_\_\_

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

700253660747  
11/07/13--01018--008 \*\*358.75

**7. Name and Address of Current Registered Agent**

Name

Geraldine B. Sheard, Pastor

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

11599 CR 69

Suite, Apt. #, Etc.

City

Blountstown

State

FL

Zip Code

32424

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

Geraldine B. Sheard

Date October

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
Chair	Geraldine B. Sheard	11599 CR 69S	Blountstown, FL 32424
V.C	Debra Peterson	20866 SE Davis Circle	Blountstown, FL 32424
Sect.	Marjorie Peterson	P.O. Box 447	Blountstown, FL 32424
Ass. Sect.	Debra K. Jones	P.O. Box 125	Blountstown, FL 32424
Treas	Tarsha J. Battle	20768 Sherry Ave	Blountstown, FL 32424
Treas	Earlene McGuckton		Blountstown, FL 32424

10. E-mail Address: jerr.indra2@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Geraldine B. Sheard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 8, 2013 1850-6748683

Date Daytime Phone

NOV 7 2013

C. CARROTHERS