


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR  FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

01 OCT 29 PM 2:00

DOCUMENT # **769954**

1. Corporation Name  
**BETHEL A. M. E. CHURCH OF INDIAN RIVER COUNTY, I NC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 1410 SW 98TH AVE PEMBROKE PINES FL 33025	Mailing Address 1410 SW 98TH AVE PEMBROKE PINES FL 33025
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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 08/26/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-2803827
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	THOMAS, ALVIN	1006 VERNON ST.	FELLSMERE FL
SD	SMITH, LORAIN	1007 VERNON ST.	FELLSMERE FL
TD	<del>SHACKLEFORD, RAYMOND</del> HUNTER, SAMUEL	<del>2131 NORTH WILLOW STREET</del> 4206 41ST ST	<del>PEMBROKE PINES</del> VERO BEACH, FL
PD	JOHNS, PHILIP	1410 SW 98TH AVE	PEMBROKE PINES FL 33025

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8. Name and Address of Current Registered Agent JOHNS, PHILIP 1410 SW 98TH AVE PEMBROKE PINES FL 33025	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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 PHILIP JOHNS Philip Johns Date 10/22/01  
 REGISTERED AGENT MUST SIGN

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)(l), 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: PHILIP JOHNS Philip Johns Date 10/22/01 Daytime Phone # 305-375-1741  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (801)

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Florida Department Of State  
Division Of Corporation  
P.O Box 6327  
Tallahassee, Florida. 32314

TO WHOM IT MAY CONCERN

I spoke with someone in your office and informed her that the original papers on incorporation were never received. She advised me to write this letter and forward \$61.25 for the incorporation.

Thank you for your cooperation in this matter.

*Rev Philip R. Johns Jr.*

Rev. Philip R. Johns, Jr.,  
Pastor

Encl: check