

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000001451

1. Corporation Name

ST. MARYS BAPTIST CHURCH, INC.

Principal Place of Business

917 GRANT AVE
MT DORA FL 32757

Mailing Address

917 GRANT AVE
MT DORA FL 32757

REINSTATEMENT



700024190347
11/06/03--01050--028 **236.25

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

03/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3161681

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	COLEMAN, BARTELL SR	1626 CLEARODNA RD	APOPKA FL 32703
VD	MCDUFFIE, DAVID	9742 VARIETY TREE RD	LEESBURG FL 34788
SD	MCDUFFIE, JOHN	1820 N ORANGE ST	MT DORA FL 32757
TD	HARRIS, RAYMOND	1811 N HIGHLAN STREET	MT DORA FL 32757
AT	WILLIE SMITH	1811 Highland Pkwy Blvd.	MT. DORA FLA 32757

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLEMAN, BARTWELL SR
1626 CLARCOMA RD
APOPKA FL 32703

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-12-03

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)(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:

SIGNATURE REQUIRED
BARTLEL COLEMAN SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-03 (321) 277-6673

Date

Daytime Phone #

CR2040 (7/03)