

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 OCT 22 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION REINSTATEMENT
2013



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # No 1000004946

1. Corporation Name
Greater Ward Chapel
African Methodist Episcopal of
Hallandale Beach, FL, INC

2. Principal Office Address - No P.O. Box #
900 NW 6th AVE

3. Mailing Office Address
P.O. Box 4466

City & State
Hallandale Beach FL

City & State
Hallandale Beach FL

Zip Country
33009 Broward

Zip Country
33008 Broward

4. Date Incorporated or Qualified
To Do Business in Florida 7/12/2001

5. FEI Number
200163547

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Thomas R Francisco SR, Senior Pastor

Street Address (P.O. Box Number is Not Acceptable)
609 N.W. 10th Street

City State Zip Code
Hallandale Beach FL 33009

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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 Francisco Date 10/16/13
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
Stew	Madelaine Roberson	1209 S. 29 th Avenue	Hollywood, FL 33020
Stew	Ruth McDonald	811 N.W. 5 Terrace	Hallandale, FL 33009
Trus	Robert Porter	2518 Fletcher Street	Hollywood, FL, 33020
Trus	John C. Brown	4630 S.W. 25 th Street	West Park, FL 33023

10. E-mail Address: frfrancisco@bellsouth.net
(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: Francisco Date 10/16/2013 Daytime Phone # 561-352-7127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR