

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N0200000 7024

1. Corporation Name
St. John's Missionary Baptist
Church of Winter Haven,
Incorporation

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4199 Avenue K NW

PO Box 3842

City & State

City & State

Winter Haven FL

Winter Haven FL

Zip

Country

Zip

Country

33881

Polk

33885-3842

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

8/2002

5. FEI Number

68-0624583

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wanda F. Perkins

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

139 Dairy Rd.

Suite, Apt. #, Etc.

Same as above

City

Auburndale

State

FL

Zip Code

33823

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

Wanda F. Perkins

Date 3-17-06

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
D	Willie Barber	1376 35 th St. NW	Winter Haven, FL 33881
T/C	Wanda Perkins	139 Dairy Rd	Auburndale, FL 33823
D	Elizabeth Gunter	2801 Ave. U NW	Winter Haven, FL 33881
T	Shirley Foster	1111 Quailwood Dr SW	Winter Haven, FL 33880
D	Dorothy Smith	3009 St. Paul Dr	Winter Haven, FL 33880
C	Williams A Stephens, Sr.	2959 Warfield Drive	Barrow, FL 33830

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:

Willie Barber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-06 (863) 581-4801

Date

Daytime Phone #

3-17-06

To Whom it may concern,

Two hundred Thirty Six dollars and Twenty Five cent was sent
in here is bal. And a up dated form. 122.50 + 8.75 for
a Certificate of Status Thank you.

Wanda Parker

139 Daisy Rd

Auburndale, Fl

33823