

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 14 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # No 2 0000007024

1. Corporation Name

St. John Missionary Baptist Church
of Winter Haven,
Incorporated

2. Principal Office Address

Suite, Apt. #, etc.

4199 Ave. K. NW

City & State

Winter Haven, Fla.

Zip

33881

Country

Polk

3. Mailing Office Address

Suite, Apt. #, etc.

4199 Ave. K. NW

City & State

Winter Haven, Fla.

Zip

33881

Country

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 ☒ **1**

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William A. Stephens, Sr.

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

2959 Warfield Dr.

Suite, Apt. #, Etc.

City

Bartow

State

FL

Zip Code

33830

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

William A. Stephens

REGISTERED AGENT MUST SIGN

Date

2/12/07

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	1326 35th St. N.W.	Winter Haven, FL 33881
D/C	William A. Stephens, Sr.	2959 Warfield Dr.	Bartow, Fla. 33830
O	Sandra D. Stephens	2959 Warfield Dr.	Bartow, Fla. 33830
S/O	Shirley B. Foster	1111 Quailwood Dr. SW	Winter Haven, FL 33881
T	Betty S. Carter	1334 34th St. NW.	Winter Haven, FL 33881
T/O	Samal Mc Gill	1715 Hobbs Road	Auburndale Fla. 33823

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 contained in Chapter 119, 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:

William A. Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

Date

863-538-2789

Daytime Phone #