

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 JAN 24 PM 2:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **NO9848**

1. Corporation Name
The First Free Will Baptist Church of Haines City, Inc.

W00-1120

Principal Place of Business
**502 N. 30th St.
 Haines City, FL 33845
 US**

Mailing Address
**502 N. 30th St.
 Haines City, FL 33845
 US**

300003111753--1
 -01/26/00--01108--003
 ***358.75 ***358.75

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida
6-19-85

5. FEI Number **59-2834649** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PMD	Chester Pilkington	709 Wood Lane	Kissimmee, FL
PMD	Farrell Brady Williams, Sr.	Kissimmee, FL	Kissimmee, FL
V/D	BASIL Williams	301 N. 23rd St.	Haines City, FL 33844
T/D	Allie Pilkington	709 wood lane	Kissimmee, FL
E S	Rhonda Mitchell	225 N. 19th St.	Haines City, FL 33844

REINSTATEMENT 98-00 TS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MARGARET Williams 215 McKean St. Auburndale, FL		Name Rhonda Mitchell	
		Street Address (P.O. Box Number is Not Acceptable) 225 N. 19th St.	
		Suite, Apt. #, Etc.	
		City Haines City	State FL

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 **Rhonda L. Mitchell** Date **1-10-00**
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: **Basil Williams** **BASIL Williams** Date **1-10-00** (863)422-7611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #