

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 20 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N10226**

1. Corporation Name

HOLLYBROOK BAPTIST CHURCH HOLDING  
COMPANY, INC.

800021032598  
06/20/03--01040--007 \*\*420.00

2. Principal Office Address

507 Cassat Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

Zip

32254

Country

Duval

3. Mailing Office Address

P.O. Box 60383

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

Zip

32236

Country

Duval

4. Date Incorporated or Qualified  
To Do Business in Florida

7-16-1985

5. FE Number

X Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00-07

7. Name and Address of Current Registered Agent

Name

Rev. John E. Anglin

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

2278 Oxbow Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

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

*John E. Anglin*

REGISTERED AGENT MUST SIGN

Date

6-15-03

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
C.D.	John E. Anglin	2278 Oxbow Road	Jacksonville, Fl. 32210
D.	Tish C. Livingston	5834 Hyde Grove Avenue	Jacksonville, Fl. 32210
STD	Shirley L. Decker	4115 Hunt Street	Jacksonville, Fl. 32254

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:

*John E. Anglin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-15-03 (904) 783-3041

Daytime Phone #

CR2E081 (10/02)

9/6/20