

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N11820

1. Corporation Name

GREATER PEACE MISSIONARY BAPTIST CHURCH, INC

2. Principal Office Address - No P.O. Box #

102 Fourth Street SE
Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32548

Country

US

3. Mailing Office Address

P.O. Box 1572
Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32549

Country

US

7. Name and Address of Current Registered Agent

Name

Seymore, Clanston

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

337 Hollywood Blvd

Suite, Apt. #, Etc.

N/A

City

Fort Walton Beach

State

FL

Zip Code

32548

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

Clanston Seymore

REGISTERED AGENT MUST SIGN

Date

8/28/2011

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
T	Williams, Dwight S	230 Senca Trail	Crestview, FL 32536
T	Jackson, Frank G	209 Hill Avenue	Fort Walton Beach, FL 32548
T	Anthony, Charlie L	106 NW Bernarr Avenue	Fort Walton Bch, FL 32548
T	Smith, Luther	330 Hollywood Blvd	Fort Walton Beach, FL 32548
D	Seymore, Clanston	337 Hollywood Blvd	Fort Walton Beach, FL 32548
T	Jennings, Lewis	605 Mooney Road	Fort Walton Beach, FL 32548

10. E-mail Address: Greaterpeace@aol.com

(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

Lewis Jennings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-29-11 850-243-2024

Daytime Phone #

FILED

2011 SEP -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400211668024

09/01/11--01018--006 **665.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1985

5. FEI Number

053540056

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-11

19/2