

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 SEP 10 AM 9:28

SEP 11 2024 STATE

DOCUMENT # N15000003311

1. Corporation Name

ST Paul Missionary Baptist
Church Inc.

600437711656
10/07/24--01022--009 **726.25

CR2E081 (11/10)

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

3. Mailing Office Address

730 Clark Street

730 Clark Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BALDWIN FL.

BALDWIN FL.

Zip

Country

Zip

Country

32234

USA

32234

USA
Count

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/2015

5. FEI Number

51-0514632

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

CHERYL F. FLETCHER

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

330 US Highway 301 S

Suite, Apt. #, Etc.

City

BALDWIN

State

FL

Zip Code

32234

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

Cheryl F. Fletcher

REGISTERED AGENT MUST SIGN

Date

08/30/2024

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
Pastor	Bishop Eugene Williams, Jr.	2220 Danson St.	Jacksonville, FL 32209
Trustee	Dec. Kenneth Singletary	227 Hollywood Ave.	Baldwin, FL 32234
T	Cheryl F. Fletcher	330 US Highway 301 S	Baldwin, FL 32234
			2016 - 2024

10. E-mail Address: FLETCHER897 at Gmail.com

(To be used for future annual report notification)

SEP 24 2024

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, in making 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:

Cheryl F. Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHERYL F. FLETCHER 08/30/2024 904/338/21

From: St Paul Missionary Baptist Church Inc

730 Clark Street

Baldwin, Florida 32234

Document #N15000003311

To: Florida Department Of State

Division of Corporations

Included in this Envelope

1 Corporation Reinstatement Form; Check #2884 \$726.25 for
Reinstatement Fee and Annual Report Fees

1 Amendment Form to Amendment Section and check #2885 \$43.75 for
filing fee and Certified Copy