

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAR 21 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-19756

1. Corporation Name

Liberty Baptist Church of Lake City, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT 45-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Rt 10 Box 948

Suite, Apt. #, etc.

Marvin Burnett Rd.

City & State

Lake City Florida

Zip

32025

Country

USA

3. New Mailing Office Address, If Applicable

Rt 10 Box 948

Suite, Apt. #, etc.

City & State

Lake City Florida

Zip

32025

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/87

5. FEI Number

59-2893228

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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
P/D	James L. Rawlins	Rt 10 Box 948	Lake City, FL, 32025
V/D	John A. Williams	Rt 7 Box 601	Lake City, FL, 32055
T/D	Bruce Brown	Rt 19 Box 866	Lake City, FL, 32025
S/D	Wayne Reeder	Rt 15 Box 85	Jacksonville, FL, 32234
D	Kendrick Rucker	Rt 3 Box 247	Lake City, FL, 32025
			JB 3-21-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

James L Rawlins

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

Rt 10 Box 948

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32025

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

James L Rawlins

REGISTERED AGENT MUST SIGN

Date 3/20/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

000002123790-4

03/25/97 01079-005
366.50366.50

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:

Bruce Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97 (904) 765-9262

Date

Daytime Phone #

CR2E040 (12/96)