

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 4:32

DOCUMENT # N21144

1. Corporation Name

MORNINGSIDE BAPTIST CHURCH INC. OF TALLAHASSEE,
FLORIDA

Principal Place of Business

Mailing Address

1560 PEDRICK ROAD
TALLAHASSEE FL 32311-9510

1560 PEDRICK ROAD
TALLAHASSEE FL 32311-9510



REINSTATEMENT

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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

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2823744

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
D	TEHAN, GARY Delete	2024 PLANTATION FOREST ROAD	TALLAHASSEE FL
D	SCHUERMAN, PHYLLIS	8671 BUCKLAKE ROAD	TALLAHASSEE FL
D	TEHAN, JUDY	2024 PLANTATION FOREST RD	TALLAHASSEE FL
D	KIRKLAND, PHYLLIS	1922 VINELAND LANE	TALLAHASSEE FL
D	BELL, ROBIN Delete	7685 DEEPWOOD TR	TALLAHASSEE FL
D	Thompson, Elsie	3201 Miccosukee RD	Tallahassee FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOLLEY, ROBERT D.
1560 PEDRICK ROAD
TALLAHASSEE FL 32301

Name

John Cook

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

1560 Pedrick Road

Suite, Apt. #, Etc.

City

Tallahassee

State

Zip Code

FL

32311

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-19-00

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., 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:

SIGNATURE REQUIRED
TEHAN

Date

10/20/00 488-3949x122

Daytime Phone #