

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 2:54

DOCUMENT # **N24502**

1. Corporation Name

SANTA FE BAPTIST CHURCH, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 800009200438
 11/25/02--01045--004 **296.25



REINSTATEMENT 02

Principal Place of Business

7505 CR 236
 SANTA FE FL 32616
 US

Mailing Address

7505 NWCR 236
 ALACHUA FL 32615
 US

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

01/25/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2961144

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SMITH, ERNEST	PO BOX 1306 1403 NW 53 AVE	GAINSVILLE FL 32653
VD V	TEMES, SHAUN Tommy Williams	RT 2 BOX 652J	LAKE BUTLER FL 32054
STD	HILL, PATRICIA H	5916 NW 234 AVE 23608 NW 202 nd St.	ALACHUA FL 32615 High Springs, FL 32643
T T	TEMES, MAE P Teresa Bragg	RT 2 BOX 652J PO Box 183	LAKE BUTLER FL 32054 Lake Cross, FL 32658

8. Name and Address of Current Registered Agent

~~TEMES, MAE P.~~
~~RT 2 BOX 652J~~
 LAKE BUTLER FL 32054

9. Name and Address of New Registered Agent

Name: Rebecca Norris (Clerk)
 Street Address (P.O. Box Number is Not Acceptable): 9233 NW CR 236
 Suite, Apt. #, Etc.:
 City: Alachua State: FL Zip Code: 32615

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Rebecca Norris
 REGISTERED AGENT MUST SIGN

Date: 11-20-02

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: Teresa Bragg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/20/02
 Daytime Phone #