

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **REMOVED AND FILED**

97 NOV -5 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **N27329**

1. Corporation Name

**NEW MOUNT ZION MISSIONARY BAPTIST CHURCH OF HAINES CITY, INC.**

Principal Place of Business

P.O. BOX 690  
HAINES CITY FL 33845

Mailing Address

P.O. BOX 690  
HAINES CITY FL 33845



**REINSTATEMENT**

*S. B. Mortham*  
4/5/99

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

07/08/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1912200

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
T	STREETER, JAMES W	88 PINE FOREST LN	HAINES CITY FL
P	MCDANIEL, ALPHONSO	508 N. 8TH STREET	HAINES CITY FL
S	CHRISTIAN, EDITH F.	1125 AVENUE C	HAINES CITY FL
D	DOWNING, L.V.	601 N. 5TH STREET	HAINES CITY FL
D	PITTERS, L.W.	117 AVENUE "W" N.W.	HAINES CITY FL

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-11/12/97-01112-020  
\*\*\*\*236.25 \*\*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRIDE, CEDRIC D  
713 NORTH 8TH STREET  
HAINES CITY FL 33844

Name  
*James W. Streeter*  
Street Address (P.O. Box Number is Not Acceptable)  
*88 Pine Forest Lane*  
Suite, Apt. #, Etc.

City  
*Haines City* State  
**FL** Zip Code  
**33844**

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 W. Streeter*  
REGISTERED AGENT MUST SIGN

Date *11/2/97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

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: *Edith F. Christian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/2/97* Date *(940) 422-6583* Daytime Phone #

CPRE040 (8/97)