

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27943

1. Corporation Name

New Bethel African Methodist Episcopal Church,
(A.M.E.) CALLAHAN, INCORPORATED

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

45133 Page Street

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 699

Suite, Apt. #, etc.

City & State

Callahan, Florida

City & State

Callahan, Florida

Zip

32011

Country

USA

Zip

32011

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

32-0293016

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

Marva T. Mitchell

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

11625 Rainbow Springs Court

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32219

REINSTATEMENT 89-10

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

Marva T. Mitchell
REGISTERED AGENT MUST SIGN

Date 08/05/2010

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
Steward	James H. Mitchell	45033 Johnson Road	Callahan, Florida 32011
Steward	Ruth Smith	34049 Benray Road	Callahan, Florida 32011
Steward	Doris Walker	4510 Johnson Road	Callahan, Florida 32011
Steward	Holman Donley	Arline Road	Callahan, Florida 320211
Steward	Eleanor Moore	45926 Pickett Road	Callahan, Florida 32011
Steward	Betty Holland	45022 Arline Road	Callahan, Florida 32011

10. E-mail Address:

(To be used for future annual report notification)

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. 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.

SIGNATURE:

Betty J. Holland

BETTY J. HOLLAND

08/05/2010

904 879-7456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -9 AM 7:42

KS

800184169018
08/09/10--01057--014 **1522.50

CR2E081 (6/10)