

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N30330**

1. Corporation Name

**ST. JUDE MISSIONARY BAPTIST CHURCH INCORPORATED**

Principal Place of Business

1717-1 W 20TH STREET  
JACKSONVILLE FL 32209-7528  
US

Mailing Address

1717-1 W 20TH STREET  
JACKSONVILLE FL 32209-7528  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/1989

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required  
for a Certificate of Status



REINSTATEMENT 01

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV -7 PM 4:55

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	EPHRON, JAMES	3229 MONCRIEF RD., #49	JACKSONVILLE FL
D	WASHINGTON, JOSIE	111 FERN STREET	JACKSONVILLE FL
D	WASHINGTON, RICHARD	111 FERN ST.	JACKSONVILLE FL
			800004699218-8 -11/30/01--01011--012 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

WASHINGTON, RICHARD  
111 FERN STREET  
JACKSONVILLE FL-32206

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Richard Washington*

REGISTERED AGENT MUST SIGN

Date 10/14/2001

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:

*Richard Washington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/2001

Daytime Phone #