	PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM."	
APPLICATION FLORID			A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State IVISION OF CORPORATIONS		324	FILED DEC 24 AM II: 42	
DOCUMENT # N33,449						CRETARY OF STATE LAHASSEE, FLORIDA	
HIGHLANDS BAPTIST CHURCH OF LEVY COUNTY, INC.							
Principal Place of Business Mailing Address RT. 1, BOX 617-A RT. 1, BOX MORRISTON, FL 32668 MORRISTON,							
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 Address, If Applicable.					DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified		
Suite, Apt. #, 6	etc	Suite, Apt. #.	Suite, Apt. #, etc.		To Do Business in Florida 7/26/89		
City & State		City & State			5. FEI Number Applied For NOT APPLICABLE Not Applicable		
Zip a state	Country	Zip	Country	,	6.	E OF STATUS DESIRED S	Additional Fee required
Zip County Zip			CEMTIFIC			E OF STATUS DESIRED [] (3)	Certificate of Status V
7 Names and	d Street Addresses of Each Officer and/o Name of Officers	or Director (Flo		tions must list at lea		T	
Title(5)	and/or Directors		l Off	cer and/or Director e Post Office Box I	•	City / State	/ Zip
PDT	T BELL, BENJAMIN J. 15250			70th Street		Morriston, FL	32668
VD HULL, BILL RR 1,			RR 1, Box	541, Coyo	ote Ridge Ranch	Morriston, FL	32668
SDAT	SDAT BELL, MAY DELL		15250 SE 70th Street		et	Morriston, FL	32668
				F	EINS	ATEMENT	996 J. Man
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
RONALD E. HOLMES, ESQUIRE 623 N. Main Street Street Street A							
10. I burga			SOOD20397456				
Signature of Registered Ag	Mag.	Bell	BENT MUST SIGN	and accept the c		Date	
11. Doe Dep	es this corporation pay a t. of Revenue under S.	any intang 199.032,	gible tax to th Florida Stat	ie utes. Yes	☐ No [(See other side is on intangil	
tense the certify that this roins!	by contry that the information supplied v Divesion of Corporations from any liabiliat I am an officer or director or the receitatement application the reason for disc d by the corporation have been paid. The	ty of non-comp iver or trustee o solution has be	liance with Section 11 impowered to execute an aliminated, the cor	9.07(3)(k) in the ev o this application as porate name satisf	ont that the inform s provided for in a les the requirement	mation supplied is deemed axomp chapter 607 or 617, F.S. I further ints of section 607.0401 or 617.0	ot from public access. I certify that when filing 1401, F.S., and that all
SIGNATU	JRE: DANDMIN LE SIGNATURE AND TYPEDOR PR	ell inted name of	SIGNING OFFICER OR	DIRECTOR	······································	12/4/96 35	2-528-3961 me Phone #