

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N37223

1. Corporation Name

FIRST SAMUEL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

3333 FRANKLIN STREET
JACKSONVILLE FL 32206

Mailing Address

3333 FRANKLIN STREET
JACKSONVILLE FL 32206

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1990

5. FEI Number

59-3013018

Applied For

Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|--|--|---|
| PD | JENNINGS, RALPH D | 3333 FRANKLIN STREET | JACKSONVILLE FL |
| VD | MOORE, FRANK Tildon Hicks | 28 WEST 35TH STREET 4404 Lincrest Drive S. | JACKSONVILLE FL 32208 |
| TD | COLLINS, ROSE Bogins, MaryLynn | 2159 WEST 15TH 1882 East 27th Street | JACKSONVILLE FL 32206 32206 |
| S | BOGINS, MARYLYNN Schofield, Sheila | 1882 EAST 27TH 1501 Corral Ridge Road | JACKSONVILLE FL 32211 |
| AS | HARMON, GENE Banks, Swanletta | 329 LINWOOD AVE. 8108 Waxwing Ave | JACKSONVILLE FL 32209 |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JENNINGS, RALPH D
8001 BRIXTON COURT
JACKSONVILLE FL 32214

Name

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

3333 Franklin Street

Suite, Apt. #, Etc.

City

State

FL

Zip Code

32206

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

Ralph D. Jennings

REGISTERED AGENT MUST SIGN

Date 6/9/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph D. Jennings, President

Date

6/9/98

Daytime Phone #

904 355-4801

FILED

98 JUN 11 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98

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