

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
13 JUL -9 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N42083

*NON-PROFIT*

1. Corporation Name

Northside Missionary Baptist Church Of Ocala, Inc.

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

2321 N. E. 11th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

2321 N.E. 11th Avenue

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34470

Country

USA

Zip

34470

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
02/13/1991

5. FEI Number

591883559

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
Yes

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wilbur R. Hatcher

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

6 Bahia Circle Court

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

200249613832  
07/09/13--01020--008 \*\*428.75

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

*Wilbur R. Hatcher*

REGISTERED AGENT MUST SIGN

Date July 2, 2013

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
Trust	Ralph W. James	1040 SE 28th Road	Ocala, FL 34471
Trust	Roy Novinger	21457 NE 164th St.	Salt Springs, FL 32134
Trust	Dennis Grant	12974 County Rd. 227	Oxford, FL 34484
Trust	Kenneth Kennedy	4515 SE 32nd Place	Ocala, FL 34480

10. E-mail Address: wilburocala@comcast.net

*wilbur@ocala@comcast.net*

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Wilbur R. Hatcher* - Wilbur R. Hatcher 7-2-13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-292-4536

Daytime Phone #