

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 30 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45186

1. Corporation Name

BRANNONVILLE BAPTIST CHURCH, INC.

2. Principal Office Address

4113 BARBER STREET

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

32404

Country

BAY

3. Mailing Office Address

4113 BARBER STREET

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

32404

Country

bay

REINSTATEMENT 95-04

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1991

5. FEI Number

59-3117237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JACK L. ISLER

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

4306 BRANNON ROAD

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32404

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

Jack Isler

REGISTERED AGENT MUST SIGN

Date 7-28-04

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
D/P	ISLER, JACK L.	4306 BRANNON ROAD	PANAMA CITY, FL 32404
D/S	NORWOOD, GERALD T.	10731 JOHNSON BLVD.	YOUNGSTOWN, FL 32466
D/T	GALLOWAY, WILLARD	8429 WALLCRAFT AVENUE	YOUNGSTOWN, FL 32466

10. 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:

Willard Galloway - WILLARD GALLOWAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-04

Date

850-763-0250

Daytime Phone #

CR2E081 (10/02)