

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY -4 AM 9:09

**DOCUMENT #** N46735

1. Corporation Name **THE NEW TESTAMENT BAPTIST CHURCH OF  
AMERICA, INC., FORT PIERCE, FLORIDA**

**600180281536**  
05/04/10--01052--010 \*\*551.25

CR2E081 (11/09)

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

**812 North 7th Street**

Suite, Apt. #, etc.

3. Mailing Office Address

**812 North 7th Street**

Suite, Apt. #, etc.

City & State

**Fort Pierce, Florida**

Zip

**34950**

Country

**St. Lucie**

City & State

**Fort Pierce, Florida**

Zip

**34950**

Country

**St. Lucie**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/07/92**

5. FEI Number

**65-0271738**

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

7. Name and Address of Current Registered Agent

Name

**Rev. Ronald E. Wright Sr.**

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

**1211 Avenue G**

Suite, Apt. #, Etc.

City

**Fort Pierce**

State

**FL**

Zip Code

**34950**

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

**4/26/10**

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
PPF	Rev. Ronald E. Wright	1211 Avenue G	34950 Fort Pierce, Florida
T	Frances Harris	3616 Iroquois Avenue	34946 Fort Pierce, Florida
S	Kathy Robinson	4014 46th Street	32967 Vero Beach, Florida
D	Vera Smith	6150 45th Street	32967 Vero Beach, Florida
D	Josephine Malone	6001 Avenue M	34950 Fort Pierce, Florida
D	Deacon Raymond Gordon Jr.	1620 Timberlake Drive	34947 Fort Pierce, Florida

10. E-mail Address: **ronwrightrevmth@yahoo.com**

(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., 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. **Rev. Ronald E. Wright Sr.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D

Deacon Paul G. Wright

926 SW Grand Reserve Blvd. Pt. St. Lucie, Fl. 34986