


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
37 DEC -6 PM 4:42

DOCUMENT # n9300000160

1. Corporation Name

AFRO- AMERICAN COUNCIL OF MINISTERS OF FORT PIERCE, FLORIDA Inc.

2. Principal Office Address - No P.O. Box #
4804 Evergreen Ave.

3. Mailing Office Address
SAB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Pierce, FL

City & State

Zip
34947

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida **01/11/1993**

5. FEI Number
650387907

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
Howard D. Coleman

Street Address (P.O. Box Number is Not Acceptable)
2221 N. 41st Street

Suite, Apt. #, Etc.

City
Fort Pierce, FL

State
FL

Zip Code
34946

☐ 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.

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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 *Rw. Howard D. Coleman*
REGISTERED AGENT MUST SIGN

Date 11/30/07

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
Pres.	Howard D. Coleman	2221 N. 41st Street	Fort Pierce, FL 34946
V.P	Willie G. Kitt	437 N. 18th Street	Fort Pierce, FL 34946
Sect.	Tommy L. Effend	4804 Evergreen Ave.	Fort Pierce, FL34947
<input checked="" type="checkbox"/>	Sarah Jackson	1516 San Diego	Fort Pierce, FL34946
<input checked="" type="checkbox"/>	James Sullivan	P.O. Box 481	Fort Pierce, FL 34954

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 contained in Chapter 119, 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.

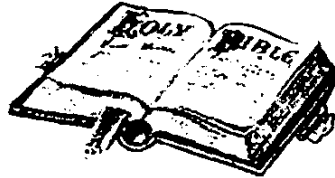
SIGNATURE: *Rw. Howard D. Coleman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/07
Date

Daytime Phone #

per conversation file *reym*

**AFRO AMERICAN COUNCIL OF MINISTERS
FORT PIERCE, FLORIDA**



**FROM: AFRO AMERICAN COUNCIL OF MINISTERS
FORT PIERCE, FLORIDA** Doc # N 93000000 160

**TO: COOPERATION REINSTATEMENT
FLORIDA DEPARTMENT OF STATE**

ATTEN: TYRON SCOTT

**AFRO AMERICAN COUNCIL OF MINISTERS FORT PIERCE, FLORIDA
IS WRITING THIS LETTER TO LET YOU KNOW WE DID NOT RECEIVE
THE NOTICE FOR 2006 REPORT. WE REGRET THIS OCCURANCE AND
APPRECIATE THIS OPPORTUNITY TO GET BACK ON TRACK WITH THE
ADMINISTRATION OF THIS GREAT ORGANIZATION.**

**The change of address is: 4804 Evergreen Ave
Fort Pierce, FL 34947**

We are sending an attached check for \$122.50. Thank you very much.

Rev. Howard D. Coleman
Rev. Howard D. Coleman, President

11/30/07

Rev. Tommy L. Effend
Rev. Tommy L. Effend, Secretary

11/30/07