

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 20 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **179400000638**

1. Corporation Name

**BAY COUNTY MINISTERIAL
ASSOCIATION, INC.**

2. Principal Office Address

614 Mills Lane

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

32404

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

32404

Country

USA

REINSTATEMENT CR2E061 (8/05) **05**

4. Date Incorporated or Qualified To Do Business in Florida **1/31/1994**

5. FEI Number **59248837** ☐ 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

HENRY HAZARD

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

1137 GRACE AVE.

Suite, Apt. #, Etc.

City

PANAMA CITY, FL

**State
FL**

Zip Code

32401

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 A. Hankins
REGISTERED AGENT MUST SIGN

Date **10/17/2005**

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
DP	HENRY HAZARD	1137 GRACE AVE	PANAMA CITY FL 32401
DV	JOE PURL	2605 MICHIGAN AVE	PANAMA CITY FL 32405
DS*	JACK A. HANKINS	614 MILLS LANE	PANAMA CITY, FL 32404

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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:

Jack Hankins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/05
JACK HANKINS

Daytime Phone #

(850) 919-0241

Bay County Ministerial Association

October 17, 2005

Dear Division of Corporations for Florida,

I got back from a work mission to Biloxi, MS last week and found this Dissolution notice in the mail. It is not our intent to dissolve this corporation. I write the checks for the Ministers Association and I never received a notice to renew with the Dept. of State. Please accept my apologies and our check to renew.

Thanks for your help,

Jack Hankins, Treas.

Jack Hankins, Rev.

850-819-0241