

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N94000003978 (3)

1. Corporation Name

GREATER ST. MARK MISSIONARY BAPTIST CHURCH,
INC.

Principal Place of Business

6538 Restlawn Drive
Jacksonville, Fl. 32208

Mailing Address

P.O. Box 9197
Jacksonville, Fl. 32208

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1994

5. FEI Number

593341100

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Edward Lavant	11320 Island Shore Dr.	Jacksonville, Fl. 32218
VCD	I.D. Lavant	1921 McLean Rd.	Jacksonville, Fl. 32209
SD	Melody Bailey	2344 Lantana Ave.	Jacksonville, Fl. 32208
Treas.	Rosa L. Butler	11553 West 23rd. St.	Jacksonville, Fl. 32209
D	James Shaw	2511 Barnett St.	Jacksonville, Fl. 32209
D	Samuel Bolden	36 West 18th. St.	Jacksonville, Fl. 32209

8. Name and Address of Current Registered Agent

Willie Walker

625 West Union Street
Jacksonville, Fl.

9. Name and Address of New Registered Agent

Name

Edward Lavant

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

11320 Island Shore Dr.

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32218

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Edward Lavant

REGISTERED AGENT MUST SIGN

Date

2-27-03

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Patricia Woods

(Patricia Woods)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-03

Date

(904) 714 4159

Daytime Phone #

CR2E081 (12/98)