

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR 12 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300005492273--4  
-05/08/02--01057--026



REINSTATEMENT 01-02

DOCUMENT # N94000005947

1. Corporation Name

BETHEL UNITED METHODIST CHURCH, INC.

Principal Place of Business

1470 BETHEL CHURCH ROAD  
TALLAHASSEE FL 32304

Mailing Address

1470 BETHEL CHURCH ROAD  
TALLAHASSEE FL 32304

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

12/05/1994

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCELVAR, NEWTON	3213 DIAN ROAD	TALLAHASSEE FL 32304
D	SINGLETARY, DON	1401 BETHEL CHURCH ROAD	TALLAHASSEE FL 32304
D	BROWN, PHILLIP	834 BAHAMA DRIVE	TALLAHASSEE FL 32311
D	<del>BROWN, BETTY</del> PATRICIA SINGLETARY	<del>834 BAHAMA DRIVE</del> 1401 BETHEL CHURCH ROAD	TALLAHASSEE FL <del>32311</del> 32304
D	ZODY, JANE	1834 GINA DRIVE	TALLAHASSEE FL 32303
D	<del>ROYCE, THELMA</del> MIKE WRIGHT	<del>ROUTE 4, BOX 412</del> 1341 Comanche Lane	TALLAHASSEE FL <del>32304</del> Tallahassee FL 32304

8. Name and Address of Current Registered Agent

SINGLETARY, DON  
1470 BETHEL CHURCH ROAD  
TALLAHASSEE FL 32304

9. Name and Address of New Registered Agent

Name

300005492273--4

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

05/08/02--01057--027

\*\*\*\*236.25 \*\*\*\*236.25

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Don Singletary*  
REGISTERED AGENT MUST SIGN

Date

Nov. 7, 2001

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 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 Singletary Treas.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/01

Daytime Phone #

576-1454

CR20040 (8/01)