

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

09 APR -1 AM 8:40

DOCUMENT # N95000002079

1. Corporation Name

BROWNTOWN COMMUNITY CHURCH

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

5781 Browntown RD

Suite, Apt. #, etc.

City & State

Graceville, FL.

Zip

32440

Country

Jackson

3. Mailing Office Address

5436 Pearl St

Suite, Apt. #, etc.

City & State

Graceville, FL.

Zip

32440

Country

Jackson

000148290630

04/01/09--01034--010 **122.50

CR2F081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

1/1999

5. FEI Number

☐ 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

Katherine Hellem

Street Address (P.O. Box Number is Not Acceptable)
5436 Pearl St.

Suite, Apt. #, Etc.

City

Graceville

State
FL

Zip Code
32440

☒ 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

Katherine Hellem

REGISTERED AGENT MUST SIGN

Date 3-31-09

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
Pastor	Norris Danzey	105 Fox Valley Dr.	Dothan, AL. 36305
Decon	Roger Godwin	1205 Brooklyn Dr.	Dothan, AL. 36303
Secretary	Katherine Hellem	5436 Pearl St.	Graceville, FL. 32440

REINSTATEMENT

08-09 4/6/09

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:

Katherine Hellem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Katherine Hellem

Date

3-31-09

Daytime Phone #