

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 FEB -2 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT
2013-2016



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003550
1. Corporation Name
First Baptist Church of Cross City, Inc.

2. Principal Office Address - No P.O. Box #
16024 SE Hwy 19
Suite, Apt. #, etc.

3. Mailing Office Address
16024 SE Hwy 19
Suite, Apt. #, etc.

City & State
Cross City, FL

City & State
Cross City, FL

Zip Country
32628

Zip Country
32628

4. Date Incorporated or Qualified To Do Business in Florida
07/01/1996

5. FEI Number
59-1508366

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
E G Holifield

Street Address (P.O. Box Number is Not Acceptable)
606 NE 326 Avenue

Suite, Apt. #, Etc.

City State Zip Code
Cross City, FL 32628

000281708010
02/02/16--01016--016 **420.00

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 *E. G. Holifield* Date JAN. 27-16
REGISTERED AGENT MUST SIGN

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
P	Tommy M Brown	124 SE 12th Ave	Cross City, FL 32628
C	Ryan Parker	506 NW 526 St	Cross City, FL 32628
V	Lee Childers	251 NE 154th Ave	Cross City, FL 32628
S	Mark Rains	112 NE 512 Ave	Old Town, FL 32680

10. E-mail Address: mpence@anneghodgescpa.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Tommy M. Brown* Date 1-25-2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K ASHTON