CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

3. Mailing Office Address

Suite, Apt. #, etc.

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

ARTHUR E. MIDDLETON, SR.

1012 EAST LINE STREET

DOCUMENT # N9600003606

1012 EAST LINE STREET

1. Corporation Name

2. Principal Office Address

Suite, Apt. #, etc.

(PRESIDENT)

SIGNATURE:

MOUNT CALVARY BAPTIST CHURCH OF LEESBURG, FL., INC.

FILED

00 MAY -8 AM 7: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

STATEMENT 97-0

TITT V O

1006



 Date Incorporated or Qualified To Do Business in Florida

City & State City & State			City & State	" "		3011 9, 1990	
			I.RRSRIDG	IRG, FLORIDA 34748		59-338-9705	Applied For
		Zip Country		6.		Not Applicable	
3/4	748	U.S.A.	34748	U.S.A	CERTIFICATE	OF STATUS DESIRED S	8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent							
	Name				January Aguin		
	ARTHUR E. MIDDLETON, SR. ZOOOO3287807-9						
	Street Address (P.O. Box Number is Not Acceptable) 1825 INKWOOD COURT ****428.75 ****428.75						
	Suite, Apt	. #, Etc.					
	City	ORLANDO	ome Total		Ũ~62₹€7¢°	State Zip Code 32818	
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 Orth & Middleto St. REGISTERED AGENT MUST SIGN Date 4-2-2000							
9. Names	s and Street A	ddresses of Each Officer and	d/or Director (Florida	nonprofit corporations must l	st at least 3 directors)	 .	
9. Names	s and Street A	nddresses of Each Officer and Name of Officers and/or Directors		a nonprofit corporations must l Street Address Officer and/or	of Each	City / S	itate / Zip
		Name of		Street Address	of Each Director	City / S	
Titles	TONY C	Name of Officers and/or Directors APERS (TRUSTEE	3)	Street Address Officer and/or	of Each Director		ORIDA 34748
Titles CHRMN. TRUST.	TONY C	Name of Officers and/or Directors APERS (TRUSTER	JSTEE)	Street Address Officer and/or	of Each Director . APT. F-4	LEESBURG, FL	ORIDA 34748 ORIDA 34748
Titles CHRMN. TRUST.	JAMES WILLIE	Name of Officers and/or Directors CAPERS (TRUSTER FENDERSON (TRUSTER)	JSTEE)	Street Address Officer and/or 1112 W. MAIN ST 902 N. CHESTER	of Each Director APT. F-4 STREET	LEESBURG, FL	ORIDA 34748 ORIDA 34748 DA 34471
Titles CHRMN. TRUST. TRUST.	TONY CO JAMES WILLIE JOHNNY	Name of Officers and/or Directors CAPERS (TRUSTER FENDERSON (TRUSTER MOSELY (TRUST	JSTEE) TEE) (TRUSTEE)	Street Address Officer and/or 1112 W. MAIN ST 902 N. CHESTER 3404 S.E. 36TH	of Each Director APT. F-4 STREET	LEESBURG, FL OCALA, FLORI LEESBURG, FL	ORIDA 34748 ORIDA 34748 DA 34471
Titles CHRMN. TRUST. TRUST. TRUST.	JAMES WILLIE JOHNNY	Name of Officers and/or Directors CAPERS (TRUSTER FENDERSON (TRUSTER MOSELY (TRUSTER PRESSLEY, SR.	JSTEE) TEE) (TRUSTEE) EASURER 3	Street Address Officer and/or 1112 W. MAIN ST 902 N. CHESTER 3404 S.E. 36TH 209 S. LAKE STR	APT. F-4 STREET STREET EET APT.D4	LEESBURG, FL OCALA, FLORI LEESBURG, FL	ORIDA 34748 ORIDA 34748 DA 34471 ORIDA 34748 LORIDA 32159

2E081 (9/99)

Daytime Phone #

1-352-787-8407