

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

2001 WBR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000709

1. Corporation Name

TRINITY BAPTIST CHURCH OF LAKELAND, INCORPORATED

Principal Place of Business

Mailing Address

6155 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

6155 SOUTH FLORIDA AVENUE
LAKELAND FL 33813



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/07/1997

Suite, Apt. #, etc. 6633 Old Hwy 37
City & State LAKELAND FL
Zip 33813 Country USA

Suite, Apt. #, etc. 6633 Old Hwy 37
City & State LAKELAND FL
Zip 33813 Country USA

5. FEI Number

59-3354022 Reinstated

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	4 City / State / Zip
PD	HENDERSON, STEPHEN B REV. <i>Stephen B Henderson</i>	4802 TIERRA ALTA COURT	LAKELAND FL 33813
TD	MOORE, LARRY	1234 LONGWOOD OAKS BLVD	LAKELAND FL 33811
SD	WARD, CYNTHIA L	1143 LONGWOOD OAKS BLVD.	LAKELAND FL 33811
			500004719915--8 -12/12/01--01012--009 *****61.25 *****61.25 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENDERSON, STEPHEN B REV.
6633 OLD HWY 37
LAKELAND FL 33811

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Stephen B Henderson

Date 10-18-01

REGISTERED AGENT MUST SIGN

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

Stephen B Henderson

Stephen B. Henderson

10-18-01

863-709-1009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)