

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 APR 13 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004173

1. Corporation Name

Round Lake Baptist Church of  
Round Lake, Florida, Inc.

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

1174 Shores Rd.

Suite, Apt. #, etc.

1174 Shores Rd.

City & State

Alford, Fla.

Zip

32420

Country

Jackson

3. Mailing Office Address

1174 Shores Rd.

Suite, Apt. #, etc.

1174 Shores Rd.

City & State

Alford, Fla.

Zip

32420

Country

Jackson

200199354422  
04/13/11--01035--006 \*\*70.00

200199354422  
03/25/11--01037--003 \*\*236.25

4. Date Incorporated or Qualified  
To Do Business in Florida

7-27-1997

5. FEI Number

59-3364004

☐ 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

Judy Carter Williams

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

1050 Mill Rd.

Suite, Apt. #, Etc.

City

Alford

State

FL

Zip Code

32420

REINSTATEMENT 10-11

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

Judy Carter Williams

Date 4-10-11

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
Sec.	Judy Carter Williams	1050 Mill Rd	Alford, Fla. 32420
Deacon	Willie Gay	2427 6 <sup>th</sup> Ave	Alford, Fla. 32420
Treas	Jane Kent	2549 Lakeside Dr.	Alford, Fla. 32420
Director	Dawn Williams	2374 White Pond Church Rd	Alford, Fla. 32420
"	Damara Gay	2427 6 <sup>th</sup> Ave	Alford, Fla. 32420

10. E-mail Address: Williams944@EMBARQMAIL.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: Judy Carter Williams Secretary

4-10-11 850-718-8583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #