

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07



800023994518
10/21/03--01162--017 **236.25

DOCUMENT # **N97000005783**

1. Corporation Name

GREATER SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH INC.

Principal Place of Business

Mailing Address

315 MARTIN LUTHER KING BLVD
BOYNTON BEACH FL 33425

P.O. BOX 1419
BOYNTON BEACH FL

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

10/14/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0638639

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
COB	WILLIAMS, TOM	407 NE 11TH AVE	BOYNTON BEACH FL 33435
SC	MCCURDY, P A	5111 ST JOHN AVE SOUTH	BOYNTON BEACH FL 33437
TRUS	VOCE, CLYDE	315 MLK BLVD	BOYNTON BEACH FL 33435
T	WHITE, DANIEL	139 NW 13TH ST	BOYNTON BEACH FL 3345
T	HINSON, CATHERINE	413 NW 5TH AVE	BOYNTON BEACH FL 33435
T	LIGHTBOURNE, HARCOURT	717 NE 10TH AVE APT 4	BOYNTON BEACH FL 33435

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REED, ANTHONY REV
239 N.E. 9TH AVE.
BOYNTON BEACH FL 33435

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Anthony Reed
REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

Shirley Ann McCurdy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

561-317-3240

CR2E040 (7/03)