

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
12 OCT -4 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000765

1. Corporation Name

THE CHURCH OF PHILIP THE EVANGELIST  
of Santa Rosa Beach, Florida, Inc.

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

1795 J.A. FOREHAND RD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1056

Suite, Apt. #, etc.

City & State

BONIFAY, FL

City & State

BONIFAY, FL

Zip

32425

Country

USA

Zip

32425

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 2/10/1998

5. FEI Number

593494068

☐ 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

PAUL W. JENNINGS

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

1795 J.A. FOREHAND RD

Suite, Apt. #, Etc.

City

BONIFAY

State

FL

Zip Code

32425

500240443025  
10/04/12--01030--007 \*\*297.50

500240443025  
10/04/12--01030--008 \*\*51.25

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

*Rev. Paul W. Jennings*  
REGISTERED AGENT MUST SIGN

Date 9/29/2012

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
D	PAUL W. JENNINGS	1795 J.A. FOREHAND RD	BONIFAY, FL 32425
D	DON RUSSELL	117 AZALEA DR	FREEPORT, FL 32439
D	ROBIN F ROBERTS	420 PRIMROSE CIR	DESTIN, FL 32541
		10-12	
		REINSTATEMENT	OCT 05 2012
			T. SCOTT

10. E-mail Address: THECHURCHOFPHILIPTHEEVANGELIST@HOTMAIL.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: *Rev. Paul W. Jennings*

9/29/2012

850-609-1401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #