

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 SEP 12 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2B081 (11/10)

DOCUMENT # N98000002060

1. Corporation Name

STANTON FIRST BAPTIST CHURCH

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

15986 SOUTHEAST 140 AVE

3. Mailing Office Address

P. O. BOX 862

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEIRSDALE, FLORIDA

City & State

WEIRSDALE, FLORIDA

Zip

32195

Country

US

Zip

32195

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 9, 1998

5. FEI Number

59-3563384

☐ 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

GLORIA BOGER

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

16705 SE 135TH AVE

Suite, Apt. #, Etc.

City

WEIRSDALE

State

FL

Zip Code

32195

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REINSTATEMENT
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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

Gloria Boger

Date **SEPTEMBER 6, 2011**

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
P/D	STREETER, CHARLES, M, III	10809 NW 14TH ST	OCALA, FLORIDA 34482
S	BOGER, GLORIA	16705 SE 135TH AVE	WEIRSDALE, FLORIDA 32195
T	PARRIS, SHARON	16545 SE 134TH TERR	WEIRSDALE, FLORIDA 32195
D	GAVIN, SARAH	13621 SE 167TH LANE	WEIRSDALE, FLORIDA 32195
D	FRAY, DERRIS	4290 SE 139TH PLACE	SUMMERFIELD, FLORIDA 34491
D	GOOSBY, GEROME	13839 SE 170TH	WEIRSDALE, FLORIDA 32195

10. E-mail Address: **WERSDALE9@AOL.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:

Charles M. Streeter

SEPT. 6, 2011 352-821-4618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gloria Boger