

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # N98000002254

1. Corporation Name

BETHEL CHURCH OF PALM COAST, FLORIDA, INC.

Principal Place of Business

Mailing Address

51 NORTH OLD KINGS ROAD
PALM COAST FL 32137

P.O. BOX 1580
BUNNELL FL 32110

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1998

5. FEI Number

59-3542647

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPD	GIDDENS, FRANK	P.O. BOX 1580 N/A	BUNNELL, FL 32110
SD	ADERHOLD, JUDY	PO BOX 1580	BUNNELL, FL 32110
TD	SCHIPP, DAVID	7 FARRAGUT DRIVE	PALM COAST FL 32137

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIDDENS, FRANK
80 KNOX JONES ROAD
ESPANOLA FL 32110

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.

Signature of
Registered Agent

FRANK GIDDENS
REGISTERED AGENT MUST SIGN

Date 26/10/01

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: *FRANK GIDDENS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/10/01
Date

Daytime Phone #

FILED

01 OCT 29 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/01)

10-26-2001

202

To Whom it May Concern

I am sorry that I didn't
received the notice on the non profit corporation
Thank you

Rev. Frank Hiddin
P.O Box 1580
Bunnell, Illa 32110