

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -9 PM 4:40

DOCUMENT # 19800003187

1. Corporation Name

THE BARTON DEACONS AND STEWARDS
ALLIANCE, INCORPORATED

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

520 South Idkwood Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 502

Suite, Apt. #, etc.

City & State

BARTON, FL

Zip

33830

Country

USA

City & State

BARTON, FL

Zip

33831-0502

Country

USA

900184167939

08/09/10--01055--007 **297.50

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1998

5. FEI Number

593612531

☐ 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

CHARLENN J. SANDERS

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

5545 PHEASANT DRIVE

Suite, Apt. #, Etc.

City

Mulberry

State

FL

Zip Code

33860

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

Charlann Jackson Sanders
REGISTERED AGENT MUST SIGN

Date

8/6/2010

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
PD	CARVER Young	1050 E. TEE Circle	BARTON, FL 33830
VPT	John Maxwell	920 Childs Ave	BARTON, FL 33830
ST	JUANITA SANDERS	2507 KAYWORTH COURT	BARTON, FL 33830
T	Verdell Taylor	930 W. TEE Circle	BARTON, FL 33830
AS	Cheri KELLEY	865 Lusk Place	BARTON, FL 33830

10. E-mail Address: Vivian. Young@ocfl.net

(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., 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.

SIGNATURE:

C. Carver B. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-10

Date

863-255-2342

Daytime Phone #