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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAY 15 PM 3:31

SECRETATY OF STATE TALLAHASSEE, FLORIDA

_ 1. Corporation Name

St.	Nicholas	Bethel	Baptist	Church,	Inc.
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2. Principal Office Address	3. Mailing Office Address
2606 San Diego Road	2606 San Dijego Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
7	7

PENSTATEMENT 02-03	>_
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04/29/0301028008 **297.50	

JUNE 1998

Applied For Nor Applicables

4. Date Incorporated or Qualified To Do Business in Florida

acksor	ville, Florida	Jacksonville	, Florida	5. FEI Number 59–2874669
2207	Country Duval	Zip 32207	Country Duval	6. CERTIFICATE OF STATUS DESIRED S87
Na	ma	7. Name	and Address of Current R	
	Andrey Dr. Jac eet Address (P.O. Box Num 30/3 W.L.	ber is Not Acceptable)	rwe	

Suite, Apt. #, Etc.	
Sitý) V //C	State Zip Code
Chacksonui / 1E	FL SAM

Signature of REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of s and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Office Carlton Cherry Chairman Board of Deacons Robert Brown Chairman Board of Trustees James Riley Co-Chairman Board of Deacons Joe Turner Co-Chairman Board of Trustees Albert Kellamn - Trustee

Veronica Little - Treasurer

| 10.1 | Calify 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:

ATURE AND TYPED OR PRINTED NAME OF SIGMING OFFICER OR DIRECTOR

20/03 308-1334

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