

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000007620

FILED  
Jun 30, 2009  
Secretary of State

**Entity Name:** GRAY'S TEMPLE CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

523 18TH STREET  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

523 18TH STREET  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 01-0777320      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WALKER, LIONEL G DR  
306 ONTARIO PLACE  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DR. LIONEL G. WALKER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WALKER, LIONEL G DR  
Address: 306 ONTARIO PLACE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP ( ) Delete  
Name: BALDWIN, MARION L  
Address: 106 ROBBINS DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: JEFFERSON, JAMES  
Address: 515 S. MANGONIA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: KEY, HERBERT  
Address: 312 WEST CANTERBURY DRIVE  
City-St-Zip: RIVIERA BEACH, FL 33409

Title: D ( ) Delete  
Name: WILSON, ABE  
Address: 1281 WEST 1ST STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D ( ) Delete  
Name: FITZGERALD, VERSIE  
Address: 2039 LITTLETORCH STREET  
City-St-Zip: RIVIERA BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LIONEL G. WALKER

Electronic Signature of Signing Officer or Director

PRES

06/30/2009

Date