2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# N99000000495

Entity Name: TEMPLE OF GRACE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1865 NW 42ND STREET
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4992
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3568883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

KINGCADE, WILLIE L
12159 SE 176TH LOOP
SUMMERFEILD, FL 34491 US

Name and Address of New Registered Agent:

KINGCADE, WILLIE L
17104 SANDALWOOD DR. UNIT 104
WILDWOOD, FL 34785 US

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: WILLIE KINGCADE 10/28/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KINGCADE, WILLIE L
Address: 12159 S.E 176TH LOOP
City-St-Zip: SUMMERFEILD, FL 34491

Title: S ( ) Delete
Name: CLARKE, XANTIE E
Address: 485 NW 64TH PL
City-St-Zip: OCALA, FL 34475

Title: T ( ) Delete
Name: CANNEDY, JUNIOR L
Address: P.O. BOX 1532
City-St-Zip: ALACHUA, FL 32616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KINGCADE, WILLIE L
Address: 17104 SANDALWOOD DR. UNIT 104
City-St-Zip: WILDWOOD, FL 34785

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

Title: T (X) Change ( ) Addition
Name: JACQUELINA, KINGCADE
Address: 17104 SANDALWOOD DR. UNIT 104
City-St-Zip: WILDWOOD, FL 34785

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: WILLIE KINGCADE P 10/28/2008
Electronic Signature of Signing Officer or Director Date