

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000004040

FILED  
Apr 26, 2008  
Secretary of State

**Entity Name:** JERUSALEM-MT. OLIVE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2679 SOUTH HIGHWAY 73  
MARIANNA, FL 32448

**New Principal Place of Business:**

**Current Mailing Address:**

2679 SOUTH HIGHWAY 73  
MARIANNA, FL 32448

**New Mailing Address:**

**FEI Number:** 59-3587868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EPHRAIM, THOMAS  
2679 SOUTH HIGHWAY 73  
MARIANNA, FL 32448 US

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

EPHRIAM, THOMAS  
2679 SOUTH HIGHWAY 73  
MARIANNA, FL 32448 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: THOMAS EPHRIAM

04/26/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: NORMA, MERRIT  
Address: 2669 HIGHWAY 73 SOUTH  
City-St-Zip: MARIANNA, FL 32448

Title: V ( ) Delete  
Name: MENCHION, FRANCES  
Address: 3303 GARDENVIEW ROAD  
City-St-Zip: COTTONDALE, FL 32431

Title: P ( ) Delete  
Name: YVONNE, STEVENS  
Address: 4499 LOVETT ROAD  
City-St-Zip: MARIANNA, FL 32448

Title: S ( ) Delete  
Name: GAIL, JONES  
Address: 2075 VISTA ROAD  
City-St-Zip: MARIANNA, FL 32448

Title: D ( ) Delete  
Name: MORGAN, ISAIAH  
Address: 2032 HWY 73  
City-St-Zip: MARIANNA, FL 32448

Title: D ( ) Delete  
Name: EPHRIAM, THOMAS  
Address: 2679 HWY 73  
City-St-Zip: MARIANNA, FL 32448

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

Title: T (X) Change ( ) Addition  
Name: NORMA, MERRITT  
Address: 2669 HIGHWAY 73 SOUTH  
City-St-Zip: MARIANNA, FL 32448

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: THOMAS EPHRIAM

D

04/26/2008

Electronic Signature of Signing Officer or Director

Date