2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 09, 2015
Secretary of State
CR4311289927

DOCUMENT# N11000004489

Entity Name: NEW BETHEL MISSIONARY BAPTIST CHURCH OF PORT ST. JOE, FLORIDA, INC.

Current Principal Place of Business:

208 NORTH PARK AVENUE
PORT ST. JOE, FL 32456

Current Mailing Address:

PO BOX 722
PORT ST. JOE, FL 32457 US

FEI Number: 59-3496411

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCFANN, AMANDA
6003 BOAT RACE ROAD
PANAMA CITY, FL 32404 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: AMANDA MCFANN 06/09/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	MCFANN, AMANDA
Address	6003 BOAT RACE ROAD
City-State-Zip:	PANAMA CITY FL 32404

Title	SD
Name	PATTEN, VIVIAN
Address	POB OX 1102
City-State-Zip:	PORT ST JOE FL 32457

Title	D
Name	PICKNEY, CAROLYN
Address	293 AVENUE C
City-State-Zip:	PORT ST JOE FL 32456

Title	DIRECTOR
Name	BAILEY, JENNIFER
Address	110 APOLLO STREET
City-State-Zip:	PORT ST. JOE FL 32456

Title	VPD
Name	FISHER, BRENDA
Address	POST OFFICE BOX 732
City-State-Zip:	PORT ST JOE FL 32457

Title	TD
Name	BAILEY, LEONARD RAYE SR.
Address	110 APOLLO STREET
City-State-Zip:	PORT ST JOE FL 32456

Title	D
Name	SMITH, BONITA
Address	6106 WALLACE ROAD
City-State-Zip:	PANAMA CITY FL 32404

Title	DIRECTOR
Name	MCNEAL, KATRINA
Address	257 AVENUE C
City-State-Zip:	PORT ST. JOE FL 32456

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I hereby 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 all other like empowered.

SIGNATURE: AMANDA MCFANN PRESIDENT 06/09/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	THOMAS, CLAUDE SR.
Address	POST OFFICE BOX 312
City-State-Zip:	PORT ST. JOE FL 32457

Title	DIRECTOR
Name	BAILEY, CLEVELAND
Address	4466 RUSS ROAD
City-State-Zip:	COTTONDALE FL 32431