


2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

14 JAN 17 AM 10:43

STATE
FLORIDA

DOCUMENT # 700737		
1. Entity Name MT. ZION PRIMITIVE BAPTIST CHURCH, INC.		

Principal Place of Business 3700 22ND AVENUE SOUTH ST. PETERSBURG, FL 33711	Mailing Address PO BOX 530397 ST. PETERSBURG, FL 33747
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01172014 REIN-NP CR2E099 (12/11)

4. FEI Number 80-0068485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIGGINS, CAROLYN 3700 22ND AVENUE SOUTH ST. PETERSBURG, FL 33711	7. Name and Address of New Registered Agent Name Elder T.M. Anderson Street Address (P.O. Box Number is Not Acceptable) 3700 22nd Ave South City Saint Petersburg FL Zip Code 33711
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] 1-17-14
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TT RIGGINS, CAROLYN 3700 22ND AVE SO SAINT PETERSBURG, FL 33711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Elder T.M. Anderson 3700 22nd Ave So Saint Petersburg, FL 33711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DEC BAILEY, GLENN 3700 22ND AVE SO SAINT PETERSBURG, FL 33711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S Laura Hunt 3700 22nd Ave So Saint Petersburg, FL 33711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC BAILEY, VAIL 3700 22ND AVE. SO ST. PETERBURG, FL 33711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	T Angela clouden 3700 22nd Ave So Saint Petersburg, FL 33711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	THrustee Shirley Palkison 3700 22nd Ave So Saint Petersburg, FL 33711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DEC Clarence Webb 3700 22nd Ave So Saint Petersburg, FL 33711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1-17-14 T.M. Anderson@gmail.com
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-MAIL ADDRESS

11/17/14