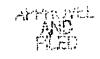
2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



-14 JAN 17 AM 10: 43

DOCUMENT # 700737 1. Entity Name MT. ZION PRIMITIVE BAPTIST CHURCH, INC.	
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1. M STATE OF ORIDA Principal Place of Business Mailing Address 3700 22ND AVENUE SOUTH PO BOX 530397 ST. PETERSBURG, FL 33711 ST. PETERSBURG, FL 33747 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172014 REIN-NP CR2E099 (12/11) 4. FEI Number 80-0068485 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Anderson RIGGINS, CAROLYN 3700 22ND AVENUE SOUTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG, FL 33711 Zip Code 8: The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar 337// the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating . .,. Make check payable to 34 FILE NOW!!! FEE IS \$297.50 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TT Delete Change Addition TITLE TITLE NAME RIGGINS, CAROLYN NAME Elder T.M. Anderson 3700 22ND AVE SO STREET ADDRESS STREET ADDRESS 3700 22nd Ave 80 CITY-ST-ZIP SAINT PETERSBURG, FL 33711 CITY- ST- ZIP TITLE DEC Dalete me ☐ Change Addition BAILEY, GLENN NAME NAME aura Hunt 3700 22ND AVE SO STREET ADDRESS STREET ADDRESS CITY- ST- ZIP SAINT PETERSBURG, FL 33711 CITY- ST- ZIP SEC Delete TITLE ☐ Change Addition TITLE NAME BAILEY, VAIL NAME STREET ADDRESS STREET ADDRESS 3700 22ND AVE. SO 3700, 22 nd Ave 50 CITY-ST-ZIP ST. PETERBURG, FL 33711 CITY- ST- ZIP MILE Change Addition πιε ☐ Delete Moustes NAME MAME STREET ADDRESS STREET ADDRESS 3700 CITY- ST- ZIP CITY- ST- ZIP Addition TITLE ☐ Delete TITLE ☐ Change Clarense webb 370022 no Are Su Daint Petusbers NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY- ST- ZIP TITLE Delete TITLE Change Addition NAME NAME 700.255743397 01/17/14-01008--088 **297.50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP

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:

TMI andedon (0) gama