

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 702890

FILED
Dec 03, 2010
Secretary of State

Entity Name: FLORIDA PRIMITIVE BAPTIST DEACON'S ASSOCIATION, INCORPORATED

Current Principal Place of Business:

2791 N. PINE ISLAND RD.
212
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

2791 N. PINE ISLAND RD.
212
SUNRISE, FL 33322

New Mailing Address:

P O BOX 368
CALLAHAN, FL 32011

FEI Number: 59-2457709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMERFORD, HERMAN L.
2791 N. PINE ISLAND ROAD #212
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

SUMMERFORD, HERMAN L.
2791 N. PINE ISLAND ROAD
212
SUNRISE, FL 33322 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: HERMAN L. SUMMERFORD

12/03/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PINKSTAFF, DAVID N
Address: 1129 OLD DIXIE HWY.
City-St-Zip: CALLAHAN, FL 32011

Title: VD
Name: RONALD, CAVES
Address: 133 GATE RD
City-St-Zip: HOLLYWOOD, FL 33024

Title: TD
Name: SUMMERFORD, HERMAN L
Address: 2791 N. PINE ISLAND RD. #212
City-St-Zip: SUNRISE, FL 33322

Title: SD
Name: HOLT, RAYMOND E
Address: 6510 LANNIE ROAD
City-St-Zip: JACKSONVILLE, FL 32218

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: HERMAN L. SUMMERFORD

TD

12/03/2010

Electronic Signature of Signing Officer or Director

Date