

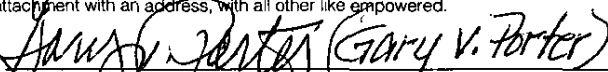


FILED

04 NOV -3 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| DOCUMENT # 703389 | | | |  | | 04 NOV -3 PM 5:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 1. Entity Name PLEASANT HEIGHT BAPTIST CHURCH INC OF RIVIERA BEACH FLORIDA | | | | Principal Place of Business 1297 WEST 34TH STREET RIVIERA BEACH, FL 33404 | | | |
| Mailing Address 1297 WEST 34TH STREET RIVIERA BEACH, FL 33404 | | | |  | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | REINSTATEMENT | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-2572882 | | | |
| City & State | | City & State | | Applied For Not Applicable | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| COLEMAN, EDITH, MRS. 1215 N. TAMARIND AVE. W. PALM BEACH, FL 33401 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP PD PORTER, GARY V 1460 13TH ST W PALM BEACH FL, <input type="checkbox"/> Delete | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP V PLEASANT, MARGARET 1172 W 37TH ST RIVER BEACH, FL 33404 <input type="checkbox"/> Delete | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP S MOORE, KIMBERLYN 9128 ROAN LANE LAKE PARK, FL 33403 <input checked="" type="checkbox"/> Delete | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D HARRIS, WILLIE 1333 W 36TH ST RIVIERA BEACH, FL <input type="checkbox"/> Delete | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP T PARKS, RALPH 1248 W 33RD ST RIVIERA BEACH, FL <input type="checkbox"/> Delete | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D JACKSON, ROBERT 1380 W. 33TH ST. RIVIERA BEACH, FL <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 exemption stated in Section 119.07(3)(i), 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:  10/25/04 (772) 219-2884 | | | | Date Daytime Phone # | | | |