

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 710518

FILED
Oct 12, 2005
Secretary of State

Entity Name: THE DRAKE MEMORIAL BAPTIST CHURCH, INC.

Current Principal Place of Business:

5800 N.W. 2ND AVENUE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

5800 N.W. 2ND AVENUE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 59-1913971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABE-CORNELIUS, JACKIE
19115 N.W. 10TH AVENUE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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: JACKIE, GABE-CORNELIUS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PASSMORE, LARRY
Address: 11460 S.W. 192ND STREET
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: FAIR, ARTHUR
Address: 8535 N.W. 31ST COURT
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: GABE-CORNELIUS, JACKIE
Address: 19115 N.W. 10TH AVENUE
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: DRIVER, RON
Address: 5720 N.W. 5TH AVENUE
City-St-Zip: MIAMI, FL 33127

Title: T () Delete
Name: WELLS, LEOLA
Address: 559 N.W. 58TH STREET
City-St-Zip: MIAMI, FL 33127

Title: T () Delete
Name: MAURICE, EARNESTINE
Address: 1260 N.W. 32ND STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LARRY PASSMORE

T

10/12/2005

Electronic Signature of Signing Officer or Director

Date