2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 737970

FILED Oct 21, 2009 Secretary of State

Entity Name: NEW MACEDONIA MISSIONARY BAPTIST CHURCH OF PAHOKEE, INC.

Current Principal Place of Business: New Principal Place of Business:

502 BOONE AVENUE PAHOKEE, FL 33476

Current Mailing Address: New Mailing Address:

502 BOONE AVENUE PAHOKEE, FL 33476

FEI Number: 59-2495759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARRETT, JOHN H 248 BANYAN AVE

PAHOKEE, FL 33476 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: JOHN H. BARRETT

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 KENNEDY, BOBBY GENE
 Name:
 MORRISON, CARL R SR.

 Address:
 1596 BOONE AVENUE
 Address:
 2587 SW 14TH TERRACE

 City-St-Zip:
 PAHOKEE, FL 33476
 City-St-Zip:
 PAHOKEE, FL 33476

Title: DFS () Delete Title: DFS (X) Change () Addition

 Name:
 HENLEY, ALTORIA
 Name:
 MILLER, QUEEN

 Address:
 PO BOX 367
 Address:
 763 PALM BLVD.

 City-St-Zip:
 PAHOKEE, FL 33476
 City-St-Zip:
 PAHOKEE, FL 33476

Title: TD () Delete Title: () Change () Addition

 Name:
 BROWN, JEANIE
 Name:

 Address:
 P O BOX 419
 Address:

 City-St-Zip:
 PAHOKEE, FL 33476
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN H. BARRETT PD 10/21/2009