

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 745067

FILED  
Dec 07, 2009  
Secretary of State

**Entity Name:** SECOND MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

954 KINGS ROAD  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

954 KINGS ROAD  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 59-1110679      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

CLEVELAND S RAYMOND  
2491 WEST 23RD ST  
JACKSONVILLE, FL 32209      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: CLEVELAND S. RAYMOND

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: RAYMOND, CLEVELAND S  
Address: 2491 WEST 23RD STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VC      ( ) Delete  
Name: PULLINS, JR., JESSE  
Address: 5090 DOSTIE DRIVE S  
City-St-Zip: JACKSONVILLE, FL 32209

Title: EOD      ( ) Delete  
Name: SMITH, ODELL REV.  
Address: 8138 PARKRIDGE CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD      ( ) Delete  
Name: SUMLAR, LUCIOUS  
Address: 7315 IRVING SCOTT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D      ( ) Delete  
Name: CUE GEORGIA R  
Address: 12609 SAMPSON ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MD      ( ) Delete  
Name: MCCRAY, JOHNNY  
Address: 2908 RIBAUT CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32208

**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  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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 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: JOHNNY MCCRAY

MD

12/07/2009

Electronic Signature of Signing Officer or Director

Date