## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # 762582  1. Entity Name FIRST BAPTIST CHURCH OF WELLINGTON, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                          |                     |                                                                               |                                       |                            |                                           |                                                                                                                       | AM 10: 34                         |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------|---------------------|-------------------------------------------------------------------------------|---------------------------------------|----------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|
| 12700 FOREST HILL BLVD. W 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                          |                     | Mailing Address<br>12700 FOREST HILL BLVD. W.<br>WELLINGTON, FL 33414-4765 US |                                       |                            | 10 w.                                     | -24<br>-1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881 | Ur SIAL<br>E. FLORIDA             | III (                       |
| 2. Principal Pl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ace of Busin                                                        | ness - No P.O. Box #                     | 3. Mailing          | 3. Mailing Address                                                            |                                       |                            |                                           |                                                                                                                       |                                   |                             |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                          | Suite, Apt. #, etc. |                                                                               |                                       |                            | RIGIN                                     | NAPLA                                                                                                                 | 1 deztess (1107)                  | A I OS                      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                          | City & State        |                                                                               |                                       |                            | 4. FEI Number 59-202539                   | 7                                                                                                                     | <b>├</b>                          | oplied For<br>ot Applicable |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country                                                             |                                          | Zip                 |                                                                               | Country                               | 5. Certificate of Status D |                                           | atus Desired                                                                                                          | \$8.75 Add                        |                             |
| 6. Name and Address of Current Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                          |                     | Agent                                                                         | Name                                  |                            | 7. Name and Add                           | ress of New R                                                                                                         | tegistered Agent                  |                             |
| TOWNSEND, TERRY G.<br>12700 FOREST HILL BLVD. WEST<br>WELLINGTON, FL 33414                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                          |                     |                                                                               |                                       | Address (                  | P.O. Box Number is f                      | Not Acceptable                                                                                                        | e)                                |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                          |                     |                                                                               | City                                  |                            |                                           |                                                                                                                       | FL Zip Coo                        | le                          |
| 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 Signature, types—sign name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                          |                     |                                                                               |                                       |                            |                                           |                                                                                                                       |                                   |                             |
| FILE NOWIII FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50  Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                          |                     |                                                                               |                                       |                            |                                           |                                                                                                                       |                                   |                             |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | P                                                                   | OFFICERS AND D                           | RECTORS             | -                                                                             | 11.                                   | ,                          | ADDITIONS/CHANG                           | ES TO OFFICE                                                                                                          | RS AND DIRECTORS IN               |                             |
| TITLE<br>NAME<br>STREET ADORESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOWNSE                                                              | ND, TERRY G.<br>PREST HILL BLVD W        |                     | ☐ Delete                                                                      | TITLE NAME STREET ADDRESS             |                            | കനാന                                      | 4 - 33 - 33 - 33                                                                                                      | ☐ Change                          | ☐ Addition                  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WELLINGTON, FL 33414                                                |                                          |                     | ☐ Delete                                                                      | CITY-ST-ZIP                           |                            | <del>- 10/16/08</del>                     | 1 3 5 3<br>- 01032                                                                                                    | 79964<br><del>-009 **226,</del> ; | Addition                    |
| NAME<br>STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MALONE, JUANITA                                                     |                                          |                     | ☐ Delete                                                                      | NAME                                  |                            |                                           |                                                                                                                       | □ Change                          | ☐ AGGRIOII                  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | STON, FL 33414                           |                     |                                                                               | STREET ADDRESS<br>CITY-ST-ZIP         |                            |                                           |                                                                                                                       |                                   |                             |
| TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TRD<br>MORRISON, FITZ                                               |                                          |                     | Delete                                                                        | TITLE<br>NAME                         | Trus                       | tee<br>v Byrd                             |                                                                                                                       | <b>⊠</b> Change                   | Addition                    |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 129 CORDOBA CIR<br>ROYAL PALM BEACH, FL 33411                       |                                          |                     |                                                                               | STREET ADDRESS<br>CITY-ST-ZIP         | 1265                       | 3 Wille Coral ]<br>igton, FL 33           | DY<br>BUID                                                                                                            |                                   |                             |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S<br>BLEVINS                                                        | VELLV                                    |                     | Delete                                                                        | TITLE                                 | Score                      |                                           | 711                                                                                                                   | Change                            | Addition                    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1544-C F                                                            | OREST LAKES CIRCL<br>NLM BEACH, FL 33400 |                     |                                                                               | NAME STREET ADDRESS CITY-ST-ZIP       |                            | Clubhouse D                               | Y                                                                                                                     |                                   |                             |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TR                                                                  |                                          | ,<br>               | ☐ Delete                                                                      | TITLE                                 | Trust                      | 66                                        |                                                                                                                       | ☐ Change                          | Addition                    |
| NAME<br>Street Address<br>City-St-Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MOORE, O G<br>1235 PINETTA CIRCLE<br>WELLINGTON, FL 33414           |                                          |                     |                                                                               | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 1270                       | n Hubbard<br>13 Headwater<br>19ton, FL 33 |                                                                                                                       |                                   | ,                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | T<br>FONG, MARIA<br>16219 HOLLOW TREE LANE<br>LOXAHATCHEE, FL 33470 |                                          |                     | ☐ Delete                                                                      | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Weality                    | g10-71-0-70                               |                                                                                                                       | ☐ Change                          | Addition                    |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 impowered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                          |                     |                                                                               |                                       |                            |                                           |                                                                                                                       |                                   |                             |
| SIGNATURE: 1emy Journey Teary G. Townsend 10/14/08 (561)793-5670  SIGNATURE: Day Journey Towns of SIGNATURE O |                                                                     |                                          |                     |                                                                               |                                       |                            |                                           |                                                                                                                       |                                   |                             |