2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#763199

Apr 17, 2009 Secretary of State

Entity Name: SAINT MATTHEWS MISSIONARY BAPTIST CHURCH, INC.

US

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

8550 64TH AVENUE WABASSO, FL 32970

Current Mailing Address: New Mailing Address:

P.O. BOX 947

WABASSO, FL 32970 US

FEI Number: 59-2357994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FLOWERS, HERBERT E SR 4155 58TH AVENUE VERO BEACH, FL 32967 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: HERBERT E FLOWERS

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FLOWERS, HERBERT E SR HART, DENNY Name: Name:

4155 58TH AVENUE Address: 4260 47TH PLACE Address: City-St-Zip: VERO BEACH, FL 32967 City-St-Zip: VERO BEACH, FL 32967

Title: Title: (X) Change () Addition () Delete JOHNSON, TAMARA F Name: FLOWERS, HERBERT E JR Name: Address: P.O. BOX 777 Address: 4155 58TH AVE

City-St-Zip: WABASSO, FL 32970 City-St-Zip: VERO BEACH, FL 32967

Title: **TRST** () Delete Title: (X) Change () Addition MINNIS, WILLIAM C JR

JOHNSON, TAMARA Name: Name: Address: P.O. BOX 413 Address: P.O. BOX 700-777 City-St-Zip: WABASSO, FL 32970 City-St-Zip: WABSSO, FL 32967

Title: VΡ () Delete Title: TR (X) Change () Addition

Name: HART, DENNY Name: WALKER, WILLIE Address: 4260 47TH PLACE Address: 4660 32ND AVE City-St-Zip: VERO BEACH, FL 32967 City-St-Zip: VERO BEACH, FL 32967

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

FLOWERS, HENRY Name: Name: 974 LANCE STREET Address: Address: City-St-Zip: City-St-Zip: SEBASTIAN, FL 32958

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: TAMARA F JOHNSON **TREA** 04/17/2009

Electronic Signature of Signing Officer or Director

Date