

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 766323

FILED
Nov 18, 2008
Secretary of State

Entity Name: CHRIST TEMPLE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

3142 W EDGEWOOD AVE
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17391
JACKSONVILLE, FL 322457391 US

New Mailing Address:

7943 MONTEREY BAY DRIVE
JACKSONVILLE, FL 322562927 US

FEI Number: 59-2669573 **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:

THREADCRAFT, GILDA M
7943 MONTEREY BAY DR.
JACKSONVILLE, FL 32256 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: GILDA M. THREADCRAFT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THREADCRAFT, GILDA M
Address: 7943 MONTEREY BAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: THREADCRAFT, NATASHA O
Address: 7943 MONTEREY BAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: GLOVER, LYNDAH M
Address: 8947 WASHINGTON AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: RANDALL, BRENDA M
Address: 6104 JAPONICA ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: GOFF, SR., CLIFFORD
Address: 12632 HIDDEN CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: GOFF, PHYLLIS C
Address: 12632 HIDDEN CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32225

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
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City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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 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: GILDA M. THREADCRAFT

D

11/18/2008

Electronic Signature of Signing Officer or Director

Date