

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 30 PM 12:55

DOCUMENT # N00000001427 1. Entity Name NEW-VISION BAPTIST CHURCH, INC.					
Principal Place of Business 6113 41ST STREET EAST BRADENTON, FL 34203			Mailing Address 6113 41ST STREET EAST BRADENTON, FL 34203		
2. Principal Place of Business - No P.O. Box # 6113 41st Street East			3. Mailing Address Suite, Apt. #, etc.		
City & State Bradenton FL			City & State F		
Zip 34203		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BIEN-AIME, ORILANGE 6113 41ST STREET EAST BRADENTON, FL 34203			7. Name and Address of New Registered Agent Name <u>ORILANGE BIEN-AIME</u> Street Address (P.O. Box Number is Not Acceptable) <u>6113 41st Street East</u> City <u>Bradenton</u> FL <u>34203</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>04/06/09</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIEN-AIME, ORILANGE 6113 41ST STREET EAST BRADENTON, FL 34203	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOSEPH, ABNER 2024 84TH CIR NW BRADENTON, FL 34209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.					
SIGNATURE: <u>ORILANGE BIEN-AIME</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/06/09</u> Daytime Phone # <u>565-2022</u>		