

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000001543 1. Entity Name MONCRIEF MISSIONARY BAPTIST CHURCH, INC.				 <div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; font-size: 24px; font-weight: bold;">FILED</div> <div style="position: absolute; bottom: 0; left: 0; font-size: 18px;">06 FEB -3 PM 4:18</div> </div>	
Principal Place of Business 1453 W. 22ND ST. JACKSONVILLE, FL 32209		Mailing Address 1453 W. 22ND ST. JACKSONVILLE, FL 32209			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-3120050				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GRIFFIN, MARK L CPA 1627 ROGERO RD. JACKSONVILLE, FL 32211			7. Name and Address of New Registered Agent Name Leslie Jennings Street Address (P.O. Box Number is Not Acceptable) 1453 W. 22nd Street City Jacksonville FL Zip Code 32209		
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>Leslie Jennings</u> DATE <u>1/19/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$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	D THOMAS QUOVADIS, R EV DR. 1801 KEY BISCAYNE WAY JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060261696 12/23/05--01044--001 **350.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CLARENCE 1334 W. 32ND ST. JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060261696 03/01/05--01014--024 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, WILLIAM 3212 RHONE DR. JACKSONVILLE, FL 32208	<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	D JENNINGS, LESLIE 1594 W 29TH ST JACKSONVILLE, FL 32209	<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	D HAMMETT, NOAH 1476 W. 22ND ST. JACKSONVILLE, FL 32209	<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	D NEAL, PATRICIA 5804 GERANIUM RD. JACKSONVILLE, FL 32209	<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 exemption stated in Section 119.07(3)(i), 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>Leslie Jennings</u> <u>12-19-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					