

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000004869</b> 1. Entity Name <b>EMMANUEL AFRICAN METHODIST EPISCOPAL ZION CHURCH, INC.</b>					
Principal Place of Business <b>355 43 AVENUE VERO BEACH, FL 32960</b>			Mailing Address <b>P O BOX 2302 VERO BEACH, FL 32961</b>		
2. Principal Place of Business <b>408 OLD DIXIE HWY, SW</b> Suite, Apt. #, etc. <b>SUITE B</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>VERO BEACH, FL</b>			
City & State <b>VERO BEACH, FL</b>		City & State  		4. FEI Number <b>65-0849208</b>	
Zip <b>32962</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MATTHEWS, E RHANDOLF 1835 31 AVENUE VERO BEACH, FL 32960</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>E. RHANDOLF MATTHEWS, DIR.</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>4/15/05</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATTHEWS, E R REV</b> <b>1835 31ST AVENUE</b> <b>VERO BEACH, FL 32960</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MATTHEWS, LELA M MS</b> <b>1835 31ST AVENUE</b> <b>VERO BEACH, FL 32960</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COMEGYS-DIXSON, ADRIENNE MS</b> <b>845 24TH STREET, SW</b> <b>VERO BEACH, FL 32962</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JENKINS, MELVIN L REV</b> <b>2210 N. SMITH STREET</b> <b>KISSIMMEE, FL 34741</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COMEGYS, ADRIENNE MS</b> <b>744 6TH AVENUE, SW</b> <b>VERO BEACH, FL 32962</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TABB, CHARLES REV</b> <b>7194 JOHN YOUNG PARKWAY</b> <b>KISSIMMEE, FL</b>	<input type="checkbox"/> Delete			
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.			<b>SIGNATURE: </b> <b>LELA M. MATTHEWS, TRUSTEE</b> <b>4/14/05</b> <b>772-564-6820</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05 WOP

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