2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000001387

FILED Oct 15, 2009 Secretary of State

Entity Name: HOOD TEMPLE AFRICAN METHODIST EPISCOPAL ZION CHURCH, INC.

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

3608 N. 26TH ST. TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

3608 N. 26TH ST. TAMPA, FL 33605

FEI Number: 59-3639169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: Name and Address of New Registered Agent:

PRESCOTT, WINSTON HOBLEY, AARON N 3608 N. 26TH ST.
TAMPA, FL 33605 US 1106 S. 69TH ST.
TAMPA, FL 33619 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: AARON N. HOBLEY 10/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT () Delete Title: VPT (X) Change () Addition Name: RUSSELL, CLARA Name: CHARLENE, GRIFFIN

 Name:
 Rosselle, GENTA

 Address:
 2206 E IDA STREET
 Address:
 2508 E.29TH AVENUE

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:
 TAMPA, FL 33605

Title: ST () Delete Title: ST (X) Change () Addition Name: WRIGHT, BARBARA J Name: HOBLEY, JANICE L

 Address:
 8707 BUSCH OAKS STREET
 Address:
 4103 GREAT OAK CT #14

 City-St-Zip:
 TAMPA, FL 33617
 TAMPA, FL 33610

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

 Name:
 PETWAY, MARGARET
 Name:
 RUSSELL, CLARA

 Address:
 7611 NOTTINGHILL SKY DRIVE
 Address:
 2206 E. IDA STREET

 City-St-Zip:
 APOLLO BEACH, FL 33572
 City-St-Zip:
 TAMPA, FL 33610

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

 Name:
 Name:
 GANO, DEBORAH

 Address:
 Address:
 1007 E. GENESSEE

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33603

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: CHARLENE GRIFFIN VPT 10/15/2009