2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000003506

FILED Aug 08, 2005 Secretary of State

Entity Name: NEW BEULAH MISSIONARY BAPTIST CHURCH OF HAINES CITY, INC.

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

1706 NORTH 12TH ST. HAINES CITY, FL 33844

Current Mailing Address: New Mailing Address:

P.O. BOX 1939 HAINES CITY, FL 33844

FEI Number: 59-3799134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WRIGHT, HENRY L

1706 NORTH 12TH ST.

HAINES CITY, FL 33844 US

HOWARD, III, DOLPHUS
2713 ORCHID DRIVE
HAINES CITY, FL 33844 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: DOLPHUS HOWARD, III 08/08/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: VD (X) Change () Addition

 Name:
 WRIGHT, HENRY L
 Name:
 JOHNSON, ERSLEY

 Address:
 260 EAST AVE.
 Address:
 1010 BATES ROAD

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:
 HAINES CITY, FL 33844

Title: VD () Delete Title: TD (X) Change () Addition Name: COBB, JOHN Name: COBB, JOHN

 Name:
 COBB, JOHN
 Name:
 COBB, JOHN

 Address:
 22 TANGELO DR.
 Address:
 22 TANGELO DR.

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:
 HAINES CITY, FL 33844

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

 Name:
 HOWARD, JOSEPHINE
 Name:
 HOWARD, JOSEPHINE

 Address:
 1909 SOUTH 10TH ST.
 Address:
 2711 ORCHID DRIVE

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:
 HAINES CITY, FL 33844

 Name:
 HOLT, ALONZÓ
 Name:
 HOLT, ALONZÓ

 Address:
 1440 BATES RD.
 Address:
 1440 BATES RD.

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:
 HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOLPHUS HOWARD, III RA 08/08/2005