



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N01000008987</b> 1. Entity Name SHAW TEMPLE AME ZION INC.						<b>FILED</b> 05 OCT 28 PM 9:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 522 NW 9TH AVE. FT. LAUDERDALE, FL 33311				Mailing Address 504 NW 9 AVE FT. LAUDERDALE, FL 33311			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>504 NW 19 Ave</b>  Suite, Apt. #, etc.		 <b>REINSTATEMENT 2005</b>			
City & State  Zip                      Country		City & State <b>Ft. Lauderdale, FL</b>  Zip                      Country <b>33311                      USA</b>		4. FEI Number 65-0960045		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  HARALSON, WILLIAM C 504 NW 19TH AVE. FT. LAUDERDALE, FL 33311				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code			
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>William C. Haralson</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$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	PD HARALSON, WILLIAM C 504 NW 19TH AVE. FT. LAUDERDALE, FL 33311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600060993726</b> <b>10/28/05--01036--003 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MERRELL, SARA 1511 NW 33RD AVE. FT. LAUDERDALE, FL 33311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARALSON, GWENDOLYN 504 NW 19TH AVE. FT. LAUDERDALE, FL 33311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELSON, ROSALIND 3410 NW 7 CT FT. LAUDERDALE, FL 33311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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.							
<b>SIGNATURE: William C. Haralson</b>				<b>10/13/05 954-647-8254</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date                      Daytime Phone #</small>			