2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000127

FILED Dec 15, 2005 Secretary of State

Entity Name: GREATER PAYNE AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	BRD STREET NVILLE, FL 322	206			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ST 23RD STRE NVILLE, FL 322				
El Numbe	r: 59-3381379	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name an	d Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:	
1230 EAS	IELD, GEORGE ST 23RD STREI NVILLE, FL 322	ET			
he aboven the Stat	e named entity : te of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	JRE: GEORGE	G HARTSFIELD			
	Electror	nic Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	HARTSFIELD, 1230 EAST 23F		Title: Name: Address: City-St-Zip:	() Change () Addition	
ītle: lame: \ddress: \ity-St-Zip:	BRUCE, HELEI 2059 CARL RD		Title: Name: Address: City-St-Zip:	() Change () Addition	
itle:	D () CUSHION, SHE 3016 RHONE C	т	Title: Name: Address: City-St-Zip:	() Change () Addition	
ddress:	JACKSONVILL	E, FL 32208 US	• •		
Address: Dity-St-Zip: Title: Name: Address:	D () DEMPSEY, AN 761 CHESTNU) Delete ITA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip:	D () DEMPSEY, AN 761 CHESTNU JACKSONVILL D () EDWARDS, MI 4537 CAPE SA) Delete ITA T OAK DR E, FL 32218 US) Delete CHAEL	Title: Name: Address:	() Change () Addition () Change () Addition	

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: AVA L. PARKER ATTY 12/15/2005