


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000001529	
1. Entity Name PEACE MISSIONARY BAPTIST CHURCH OF GRETN, INC.	

FILED
09 JAN 28 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 119 MAPLE DR GRETN, FL 32332	Mailing Address P.O. BOX 97 GRETN, FL 32332
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3520060	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent BUSH, REV ALVIN 219 BROAD ST GRETN, FL 32332		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800138987648 12/12/08--01040--002 **\$61.25 City FL Zip Code	
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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: Rev. Alvin Bush DATE: 12-07-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, REV MOSES SR 2038 OSCEOLA ST QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Rev. Moses Brown Sr.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, REV ROBERT 210 THOMAS AVE GRETN, FL 32332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Rev. Robert E. Bowen
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, HOLLIS P.O. BOX 188 GREENSBORO, FL 32330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Hollis Bush
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, CHARLES 134 BUCKSKIN CIR MIDWAY, FL <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 800138987648 12/12/08--01040--003 **\$8.75
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 800138987648 01/28/09--01027--013 **\$236.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Rev. Moses Brown Sr. DATE: 12-07-08 (850) 391-5083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR