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Daytime Phone #

Date

## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Maye Sujon
Signature and typed or printed name of Signing Officer or director

## FliED SECRETARY OF STATE DIVISION OF COURSENS DOCUMENT # N03000001831 1. Entity Name NEW BETHEL MISSIONARY BAPTIST CHURCH OF 06 MAY -5 PH 12: 35 PARRISH, INC. Principal Place of Business Mailing Address REINSTATEMENT 04-06 11915 82ND STREET EAST 11915 82ND STREET EAST PARRISH, FL PARRISH, FL 2. Principal Place of Business 3. Mailing Address P.O. BOX 55 Suite, Apt. #, etc. Suite, Apt. #, etc 10292004 REIN-NP CR2E099 (6/04) Applied For City & State 4. FEI Number 20-4604294 Not Applicable Zip 34219 \$8.75 Additional munatee 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLACE, JAMES M Street Address (P.O. Box Number is Not Acceptable) 420 OLD MAIN STREET BRADENTON, FL 34205 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 DATE 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 Make check payable to After January 1, 2005, Fee will be \$297.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME REED, HORACE T NAME 900075372869 1808 4TH AVENUE WEST STREET ADDRESS STREET ADDRESS 05/26/06--01047--001 \*\*183.75 PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE DIXON, MARY É NAME NAME PO OFFICE BOX 176 STREET ADDRESS STREET ADDRESS PARRISH, FL 34219 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition YOUMANS, BARBARA S NAME NAME BUILDING 3800 15 R APT 116 LAKE BAYSHORE D STREET ADDRESS STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-ZIP TITLE Detete FITLE ☐ Change Addition DOZIER, ETHEL M NAME NAME 7802 119TH AVENUE EAST STREET ADDRESS STREET ADDRESS CITY-S1-ZIP PARRISH, FL 34219 CITY-ST-ZIP TITLE ☐ Defete TITI F ☐ Change ■ Addition NAME ATKINS, ROOSEVELT NAME STREET ADDRESS PO BOX 97 STREET ANDRESS CITY-ST-ZIP PARRISH, FL 34219 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 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.





## James M. Wallace

Attorney and Counsellor At Law

March 31, 2006

Area Code 941 Phone: 746-7157 1-800-690-4942 Fax: 746-9430

747-0598

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

New Bethel Missionary Baptist Church of Parrish, Inc.

Document No. N03000001831

Dear Folks:

Enclosed herewith is the 2004 Not-For-Profit Corporation Reinstatement for the above Corporation, together with your fee of \$61.25.

We are requesting that you waive the reinstatement fee of \$175.00 as we did not receive the annual report for 2004. We also have not received the Annual Report for 2005, which will be filed as soon as this reinstatement is in effect.

Should you have any questions at all, please do not hesitate to let me know.

Sincerely yours,

JAMES M. WALLACE

JMW.gmc

Enc.