2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000001970

Aug 31, 2007 Secretary of State

Entity Name: AFRICAN AMERICAN COUNCIL OF CHRISTIAN CLERGY OF CENTRAL FLORIDA, INC.

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

910 W LIVINGSTON ST 412 E. KENNEDY BLVD ORLANDO, FL 32805 ORLANDO, FL 32751 US

Current Mailing Address: New Mailing Address:

P O BOX 682992 P O BOX 940515

ORLANDO, FL 32868 MAITLAND, FL 32794 US

FEI Number: 06-1688989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BARNES, WILLIE C BARNES, WILLIE C 3134 GOLDENROCK DR

7656 ST. STEPHENS COURT ORLANDO, FL 32818 ORLANDO, FL 32835

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: WILLIE C BARNES 08/31/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BARNES, WILLIE C REV BARNES, WILLIE C REV Name: Name: 3134 GOLDEN ROCK DR Address: 7656 ST. STEPHENS COURT Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32836

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

OLGESBY, JEFFREY REV Name: LEE, THOMAS BISHOP Name: Address: 2631 MARQUISE CT Address: 7001 WALLACE ROAD City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32819 US

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

ANDERSON, GRANDVILLE REV Name: WADE, JULIA BISHOP Name: 4739 SPANIEL S Address: 1662 WILLIE MAYS Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ORLANDO, FL 32818

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

WHITEHURST-WADE, JULIA BISHOP Name: Name: 4739 SPANIEL ST Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip:

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

CHAMPION, GEORGE L DR Name: Name: 2809 TRADEWINDS Address: Address: ORLANDO, FL 32808 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIE C BARNES Ρ 08/31/2007