2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N03000005799

Entity Name: FIRST NEW ZION MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

4835 SOUTEL DR
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

4835 SOUTEL DR
JACKSONVILLE, FL 32208 US

New Mailing Address:

FEI Number: 59-2990909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMPSON, JAMES
4835 SOUTEL DR
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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: JAME B SAMPSON

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SAMPSON, JAMES B
Address: 4835 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: DV ( ) Delete
Name: ROGERSN, DONALD
Address: 4835 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: DT ( ) Delete
Name: MCQUEEN, CYNELL
Address: 4835 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D ( ) Delete
Name: BENNEFIELD, SAMUEL
Address: 4835 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D ( ) Delete
Name: HAMILTON, SAMUEL
Address: 4835 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D ( ) Delete
Name: WILBERT, KATHY
Address: 4835 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CYNELL MCQUEEN DT 04/18/2007

Electronic Signature of Signing Officer or Director — Date