

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006067

FILED  
Jan 25, 2014  
Secretary of State

**Entity Name:** ST. MARK A.M.E. CHURCH OF CLERMONT, INC.

**Current Principal Place of Business:**

810 DISSTON AVENUE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

810 DISSTON AVENUE  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

YOUNG, MCKINLEY BISHOP  
101 EAST UNION STREET  
SUITE 301  
JACKSONVILLE, FL 32202 US

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

ST MARK AME CHURCH  
810 DISSTON AVE  
CLERMONT, FL 34711    US

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: INDAN WILLIAMS

01/25/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MRS.  
Name: WILLIAMS, LINDAN .  
Address: 15516 ARABIAN WAY  
City-St-Zip: MONTVERDE, FL 34756

Title: O  
Name: HARRIS, ROBERT  
Address: 10747 PORTER TRAIL  
City-St-Zip: CLERMONT, FL 34711

Title: O  
Name: GRAYMAN, ELDERFIELD  
Address: 606 EGRET PLACE DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: O  
Name: RICHARDSON, RANALDO JR  
Address: 928 SENIC VIEW CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: O  
Name: ISOM, DEBRA  
Address: 1003 BUENA VISTA CT.  
City-St-Zip: ORLANDO, FL 32818

Title: O  
Name: SPENCER, FREDRICK  
Address: 2941 MAGNOLIA BLOSSON IRCLE  
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: LINDAN . WILLIAMS

MRS.

01/25/2014

Electronic Signature of Signing Officer or Director

Date