

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008098

FILED
Nov 18, 2009
Secretary of State

Entity Name: GO FORTH BAPTIST MISSIONS, INC.

Current Principal Place of Business:

240 WAVELAND
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 17171
PENSACOLA, FL 32522

New Mailing Address:

FEI Number: 20-0605949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELL, STEPHEN B
226 PALAFOX PLACE
SEVILLE TOWER, NINTH FLOOR
PENSACOLA, FL 32502 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: STEPHEN B SHELL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: MULLENIX, JOEL H
Address: 3236 WINDMILL DIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: MRS. () Delete
Name: MCCOLLIM, DENISE
Address: 7308 TANNEHILL DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: DR. () Delete
Name: PORCHER, JOEL
Address: 3172 BERNATH DRIVE
City-St-Zip: MILTON, FL 32583

Title: MRS. () Delete
Name: ALLEN, LOIS
Address: 7555 HOWARD DEAN LANE
City-St-Zip: PENSACOLA, FL 32526

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:

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: DR. JOEL MULLENIZ

PRES

11/18/2009

Electronic Signature of Signing Officer or Director

Date