2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0300008199 1. Entity Name OLIVET MISSIONARY BAPTIST CHURCH, INC.						2007 OCT 18		
Principal Place of Business 541 DAVIS STREET NE LAKE CITY, FL 32055 US		Mailing Address POST OFFICE BOX 537 LAKE CITY, FL 32056 US			SECRETARY OF STATE TALLAHASSEE.FLORIDA			
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			10012007 _{REII}	N-NP CR2	2E099 (1/07)	
City & State		City & State			4. FEI Number 56-2895280	0		plied For t Applicable
Zip	Country	Zip	Counti	ry	5. Certificate of Sta	atus Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Current		7. Name and Address of New Registered Agent Name					
GRAHAM, OZELL ROUPES, BOX 28 R				Street Address (P.O. Box Number is Not Acceptable)				
1085 NINBAUGHAI STREET								
LAKE GETV. Fl. 320.55				City	y FL 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 Signification, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating): DATE								
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50						The state of the s	eck payable to partment of St	
10. TITLE	OFFICERS AND DI	RECTORS Delete	11.		ADDITIONS/CHANGE	ES TO OFFICERS AND	DIRECTORS IN	10 Addition
NAME STREET ADDRESS CITY-ST-ZIP	GRAHAM, OZELL NAI ROUTE 1, BOX 287-P STR			ADDRESS 1-zip	300110970673 10/18/0701045017 ++236.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLES, WILLARD RR 6, BOX 456 B-1		TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRIS, JAMES O NA RR 7, BOX 638 STR		TITLE NAME STREET CITY-S	ADORESS 1-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENRY, EDMUND JR. POST OFFICE BOX 485		TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, VERNIA RR 8, BOX 399 LAKE CITY, FL 32055	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTERS, RONALD V 541 NE DAVIS STREET LAKE CITY, FL 32055	□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.								
SIGNATURE: Edmund Henry (Edmund Henry, Jr) 10/7/07 386-755-3016								
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