ps by

## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

| DOCUMENT # N0300009749  1. Entity Name MT. ZURA FULL GOSPEL BAPTIST CHURCH INCORPORATED   |   |   |   |                        | •                                 | EC -7 PM 3:<br>ETARY OF STA<br>HASSEE, FLOR   | •  |
|---|---|---|---|------------------------|-----------------------------------|---|--|
| Principal Plac<br>25225 NW 2<br>NEWBERRY,   |   | Mailing Address<br>P.O. BOX <del>1817</del> / <i>J</i><br>NEWBERRY, FL 3266                           |   | REM                    |                                   | HASSEE, FLOR  | IDA<br>V   |
| 2. Principal F  | Place of Business   | 3. Mailing Address  |   |                        |                                   |   |  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.   |   | 110220                 | 04 REIN-NP                        | CR2E099 (6/04)  |  |
| City & Stat   | te  | City & State  |   | 4. FEI NO              | <sup>imber</sup> 593665           | $\rho_1 \cup \rho_2 \cup \rho_3 \cup \rho_4 $ | oplied For<br>ot Applicable  |
| Zip   | Country   | Zip   | Country   | 5. Certific            | cate of Status Desired            | \$8.75 Add<br>Fee Require   | ditional<br>ed   |
|   | 6. Name and Address of Curr   | rent Registered Agent .   |   | 7. Name                | and Address of New F              | Registered Agent  |  |
| 5 4 5 W 5 5   | Jennie<br>N <del>ennie</del> n  |   | Name O  | وحد مام ماسود          | 1 - a la la - A                   | 1   | ·  |
|   |   |   | 200000  | arrev,                 | dennic n                          | V   |  |
|   | 79TH AVE  |   | Street Add  | ress (P.O. Box Nu      | imber is Not Acceptable           | e)  |  |
| ANUHEN,   | FL 32618  |   | 1900  | 6, SW                  | 79th AV                           | E   |  |
|   |   |   | City// h/   | Leir                   |                                   | FI Jip Cod  | e/8  |
| 9. The chave  | named natity as bonito this statemen  | ant fau tha musana af abassian is   | <u> </u>  | , PICY,                | a bank tank alian azar            | 1 5 20  | 110  |
| the obligat   | e named entity submits this stateme<br>tions of registered agent.   | ent for the purpose of changing to  | s registered office or re   | gistered agent, o      | r both, in the State of Fi        | orida. I am familiar with,  | and accept   |
|   | 1 10 (/   | ク   |   |                        | , 1                               | 11  |  |
|   |   | ( ,   |   |                        | //-                               | -//0-11   | J  |
| SIGNATURE   | Signature, typed or printed name of registered  |   | TE: Registered Agent elgnatur   |                        | 1 V                               | ile O   |  |
|   | Signature, typed or printed frame of registered   | аделя апо вае п аррисаоге. (но  | : Hegistered Agent eignatur   | e required when reinan | ning)                             | DATE .  |  |
|   | ن بر مسمد و بر برد و  | والمحارجين المراجع أتبحث والمحارجين   |   |                        | ج م <u>حصب میسور"من ا</u> بایجیام | The second second second second   |  |
|   | FILE NOW!!! FEE IS \$236.25<br>anuary 1, 2005, Fee will be \$2  |   |   |                        |                                   | lake check payable t  |  |
| After Ja  | anuary 1, 2005, Fee will be \$2   | 297.50  |   |                        | Flor                              | rida Department of S  | tate   |
| After Ja  | OFFICERS AND  | D DIRECTORS   | 11.   | ADDITIONS              | Flor                              |   | tate   |
| After Ja  | OFFICERS AND  | 297.50  | THLE  | ADDITIONS              | Flor                              | rida Department of S  | tate   |
| After Ja  10.  IIILE  NAME  | OFFICERS AND  T  PARKER, NEUTE N  | D DIRECTORS   | TITLE<br>NAME   | ADDITIONS              | Flor                              | RS AND DIRECTORS IN   | tate   |
| After Ja  10.  TITLE  NAME  STREET ADDRESS  | OFFICERS AND T PARKER, NETTEN 19006 SW 79TH AVE   | D DIRECTORS   | THLE  | ADDITIONS              | Flor                              | RS AND DIRECTORS IN   | tate   |
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11-7-04

Daytime Phone #

Church: (352) 472-4056

## Mt. Zura Füll Gospel Baptist Church

N.W. 2ND AVENUE Newberry, Florida 32669

BOARD OF DEACONS Joe Saul Levrette, Chairman

CHURCH CLERK
LeVonia King

FINANCIAL SECRETARY Sarab Scott

Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern;

We did not receive the Reinstatement Papers, because of an incorrect address. Which have been taken care of

Thanks for your cooperation,

Sarah Scott, Church Financial Clerk