2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0400000058

FILED Aug 08, 2008 Secretary of State

Entity Name: GREATER FRIENDSHIP MISSIONARY BAPTIST CHURCH OF CLEWISTON INC.

Current Principal Place of Business: New Principal Place of Business:

901 DELLA TOBIAS STREET CLEWISTON, FL 33440

Current Mailing Address: New Mailing Address:

901 DELLA TOBIAS STREET CLEWISTON, FL 33440

FEI Number: 15-9259074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PAIGE, DANIEL R SR
349 NW 16TH ST SUITE 108
BELLE GLADE, FL 33430 US

PAIGE, DANIEL R SR
349 NW 16TH ST SUITE 106
BELLE GLADE, FL 33430 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: DANIEL R PAIGE SR 08/08/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: CD (X) Change () Addition Name: CHAVERS, AMOS Name: PAIGE, DANIEL R SR.

 Address:
 PO BOX 1392
 Address:
 349 N.W. 16TH ST. #106

 City-St-Zip:
 CLEWISTON, FL 33440
 City-St-Zip:
 BELLE GRADE, FL 33430

Title: CD () Delete Title: CD (X) Change () Addition
Name: REDD, WILLIE PEARL Name: REDD, WILLIE PEARL
Address: 1138 VIRGINIA AVE 1138 VIRGINIA AVE

City-St-Zip: CLEWISTON, FL 33440

Title: TD () Delete Title: () Change () Addition
Name: PEARSON, YOUNG Name:
Address: 1200 MISSISSIPPI AVE Address:

Address: 1200 MISSISSIPPI AVE Address: City-St-Zip: City-St-Zip:

Title: () Delete Title: CD () Change (X) Addition

Name: DANIELS, MARY

Address: Address: 901 DELTA TOBIAS STREET
City-St-Zip: City-St-Zip: CLEWISTON, FL 33440

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: DANIEL R. PAIGE, SR. CD 08/08/2008