


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:00

DOCUMENT # N04000002358	
1. Entity Name ST. JOHN MISSIONARY BAPTIST CHURCH OF BRONSON, INC.	

Principal Place of Business 496 W MAIN ST BRONSON, FL 32621	Mailing Address P.O. BOX 1752 BRONSON, FL 32621
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REINSTATEMENT 06



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12132006 REIN-NP CR2E099 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILCOX, JOSEPH L 218 SE 18 AVE CHIEFLAND, FL 32644	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not acceptable) City FL Zip Code
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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 Joseph L Wilcox (NOTE: Registered Agent signature required when reinstating) DATE 12-18-06

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, RAIFORD 496 W MAIN ST BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, RAIFORD 9950 NE 77th PL BRONSON FL 32621 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIAM 496 W MAIN ST BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, William 229 SE 49th DRIVE CHIEFLAND FL 32641 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULER, FRANKLIN 496 W MAIN ST BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULER, FRANKLIN E MAIN ST BRONSON FL 32621 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANDERS, JIMMIE L 496 W MAIN ST BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANDERS, Jimmie L Highway 345 Chiefland FL 32644 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONG, HENRY 496 W MAIN ST BRONSON, FL 32621 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pastor Joseph L. Wilcox 218 SE 18th AV Chiefland FL 32644 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, RAYMOND 496 W MAIN ST BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, RAYMOND 810 NE 3rd AVE Williston FL 32696 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: Joseph L Wilcox Joseph L Wilcox 12 18 06 352 493 0525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #