


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000002358</b> 1. Entity Name <b>ST. JOHN MISSIONARY BAPTIST CHURCH OF BRONSON, INC.</b>	
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FILED  
08 NOV 18 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>WILCOX, JOSEPH L 218 SE 18 AVE CHIEFLAND, FL 32644</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code             </div>

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 Bertha Allen 11-15-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUNTER, RAIFORD			NAME	Bertha Allen		
STREET ADDRESS	9950 N.E. 77TH PLACE			STREET ADDRESS	P.O. Box 372		
CITY-ST-ZIP	BRONSON, FL 32621			CITY-ST-ZIP	Chiefland, FL 32644		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, WILLIAM			NAME			
STREET ADDRESS	229 S.E. 49TH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32641			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULER, FRANKLIN			NAME			
STREET ADDRESS	496 E MAIN ST			STREET ADDRESS			
CITY-ST-ZIP	BRONSON, FL 32621			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLANDERS, JIMMIE L			NAME			
STREET ADDRESS	HIGHWAY 345			STREET ADDRESS			
CITY-ST-ZIP	CHIEFLAND, FL 32644			CITY-ST-ZIP			
TITLE	PAST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILCOX, JOSEPH L			NAME			
STREET ADDRESS	218 S.W. 18TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	CHIEFLAND, FL 32644			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOYD, RAYMOND			NAME			
STREET ADDRESS	810 N.E. 3RD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WILLISTON, FL 32696			CITY-ST-ZIP			

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: Bertha Allen Bertha Allen 11-15-08 352-493-0525  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #