

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007159

**FILED**  
**Oct 15, 2007**  
**Secretary of State**

**Entity Name:** THE GREATER NEW MT. PLEASANT MISSIONARY BAPTIST CHURCH, INCORPORATION

**Current Principal Place of Business:**

45031 HISTORICAL LANE  
CALLAHAN, FL 32011

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 355  
CALLAHAN, FL 32011

**New Mailing Address:**

45031 HISTORICAL LANE  
CALLAHAN, FL 32011

**FEI Number:** 43-2039930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, CHESTER J  
6718 W. GASPER CIRCLE  
JACKSONVILLE, FL 32209 US

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

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: CHESTER J. BROWN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BROWN, CHESTER J  
Address: 6718 W. GASPER CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: V ( ) Delete  
Name: BLUE, TYRONE A  
Address: POST OFFIE BOX 332 MORGAN CIRCLE  
City-St-Zip: CALLAHAN, FL 32011

Title: T ( ) Delete  
Name: SIMMONS, CAROLYN W  
Address: 4245 KEY VEGA COURT  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHESTER J. BROWN

P

10/15/2007

Electronic Signature of Signing Officer or Director

Date