2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000007609 FILED NEW TESTAMENT MISSIONARY BAPTIST CHURCH OF THONOTOSASSA, INC. 06 MAY 11 AM 10: 06 Principal Place of Business Mailing Address SECRETARY OF STATE 11530 WALKER RD. 11530 WALKER RD. THONOTOSASSA, FL 33592 THONOTOSASSA, FL 33592 2. Principal Place of Business 3. Mailing Address : 04062006 REIN-NP. CR2E099 (11/05/05/05/06 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHANEY, JUNIOR R BROWN, BELINDA J 1715 EAST FERN ST. Street Address (P.O. Box Number is Not Acceptable) !!413 Marshall Road TAMPA, FL 33610 City Zip Code 33592 Thonotosassa 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. (NOTE: Registered Agent signature required when reinstating Make check payable to In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$122.50 Fiorida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE Anderson, Jr., John D. Rev JOHNSON, BEN REV. NAME NAME 11530 WALKER RD. STREET ADDRESS STREET ADDRESS 11530 Walker Rd. Thonotosassa, F1 33592 CITY-ST-ZIP THONOTOSASSA, FL 33592 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition Buchanan, Alexander ANDERSON, JOHN D REV. NAME NAME 11530 WALKER RD. STREET ADDRESS 11530 Walker Rd STREET ADDRESS THONOTOSASSA, FL 33592 Thonotosassa, F1 33592 CITY-ST-70P CITY-ST-7IP Change Addition TITLE Delete TITLE BROWN, BELINDA J Brown, Belinda J NAME 11530 Walker Rd STREET ADDRESS 11530 WALKER RD. STREET ADDRESS Thonotosassa, Fl 33592 CITY-ST-ZIP THONOTOSASSA, FL 33592 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ■ Addition NAME NAME 200075218732 05/25/06--01009--011 **17 STREET ADDRESS STREET ADDRESS **122.50 CITY-SY-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 ampowered to execute this report as required by Chapter 517, Plorida 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. AIGNATURE AND T SIGNATURE: PED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR