'2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000009580 07 MAR 26 AH 9: 54 1. Entity Name GREATER UNION MISSIONARY BAPTIST CHURCH OF CENTURY FLORIDA INC LLAHASSEE, FLORIDA Principal Place of Business Mailing Address 16 HATTIES BLVD PO BOX 235 CENTURY, FL 32535 CENTURY, FL 32535 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 REIN-NP CR2E099 (1/07) City & State City & State 4. FEI Number Applied For 75-3192863 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWTON, DOROTHY E Street Address (P.O. Box Number is Not Acceptable) 16 HATTIES BLVD CENTURY, FL 32535 Zip Code FL 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. Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. FST 200095814462 04/04/07-01047-005 **297.50 TITLE TITLE WHITE, TOR ☐ Delete ☐ Addition NAME NAME 16 HATTIES BLVD STREET ADDRESS STREET ADDRESS CENTURY, FL 32535 CITY-ST-ZIP CITY-ST-ZIP Moore, Janiec 16 Hatties Blud. Change ☐ Delete Addition TITLE TITLE ODOM KUBY NAME NAME 16 HATTIES BLVD STREET ADDRESS STREET ADDRESS Century Fla. 32535 CENTURY, FL 32535 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change Addition Hatties Blud. YOUNG, DONZELL NAME NAME STREET ADDRESS 16 HATTIES BLVD STREET ADDRESS century, Fla, 32535 CENTURY, FL 32535 CITY-ST-ZIP CITY-ST-ZIP Nawton Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 8841 Jentu CITY-ST-ZIP CITY-ST-ZIP TITLE [.] Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 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.

Dorothy & Wlewton

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