2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # N05000002732 2007 OCT -2 AH 11: 07 NEW BEGINNING TABERNACLE MISSIONARY BAPTIST CHURCH, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE. FLORIDA 2208 E. COLUMBUS DR. 2208 E. COLUMBUS DR. TAMPA, FL 33605 TAMPA, FL 33605 3. Mailing Address Principal Place of Business - No P.O. Box # <u> 2808 E</u> olumbus De Columbus De. Suite, Apt. #, etc. Suite, Apt. #, etc. 09262007 REIN-NP CR2E099 (1/07) Applied For City & State 4. FEI Number 73-1731512 City & State TAMPA AMPA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ÀSÁ USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name A1A REGISTERED AGENT INC. 92 SADBERRY RD Street Address (P.O. Box Number is Not Acceptable) QUINCY, FL 32351 City 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. SIGNATURE Signature, typed or printed name of registered agent and little il applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. UΡ DP TITLE ☐ Delete TITLE Change Addition LAKE, WILLIE I SR Luke, Willie I. SR. NAME NAME 2208 E. COLUMBUS DR. STREET ADDRESS STREET ADDRESS TAMPA, FL 33605 CITY-ST-ZIP **TAMPA, FL 33605** CITY-ST-ZIP DVP TITLE ☐ Delete TITLE Change ☐ Addition MOSLEY ROSE Mosier, Rosie NAME NAME 2208 E. COLUMBUS DR. Daor E Columbus On. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33605 CITY-ST-ZIP Tampa, FL 33605 DS Detete ☐ Addition TITLE ☐ Change TITLE MOSLEY, PAULA NAME NAME 600110180946 10/02/07--01035--013 **7 2208 E. COLUMBUS DR. STREET ADDRESS STREET ADDRESS **70.00 TAMPA, FL 33605 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE SHOATS, BARBARA NAME NAME 2208 E. COLUMBUS DR. STREET ADDRESS STREET AODRESS TAMPA, FL 33605 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS 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. 9/26/07 MOSTE <u>813-731-7311</u> SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR