2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

`•	, REINSTA	TEMENT				FILE	D	
DOCUMENT # N05000003439 1. Entity Name						EC -7		
ST. STEPHEN BAPTIST CHURCH INC.								
Principal Place	e of Business	Mailing Address	COD W1		TAEL:	ME LARY OF ATTIASSEE.	FLUNDA	
4201 ALMED JACKSONVILL	A ST E, FL 32209	4201 ALMEDA ST Jacksonville, Fl 32209	}					
2. Principal Place of Business		3. Mailing Address P. O. Box 12677		,	1020REINSTATEMENT			
Suite, Apt.		Suite, Apt. #, etc.				<u>"</u> なの π C 拶	E099 (11)05)	
City & State		JacksonvII	·	4	4. FEI Number 35-2252325		No	plied For at Applicable
Zip	Country	^{Zip} 32209-2	Country 2677 L	Duval	5. Certificate of Status	Desired 🗷	\$8.75 Add Fee Require	litional 17.50
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
DEXTER, LMII				Street Address (P.O. Box Number is Not Appentable) Street Address (P.O. Box Number is Not Appentable) ST				
JAGKSON	VILLE, FL-32210_							
	The state of the s	4	City _	ack.	sonville	_	FL 322	09
	named entity submits this statement for ions of registered agent.	or the purpose of changing its reg	gistered office or	Ben Ben	agent, or both, in the	State of Florida. 1 Addison	am ramiliar with,	and accept
SIGNATURE.	Bang omne. Signature, lyped or prived name of registered agent	and title if applicable (NOTE: Ri	egistered Agent signa				04/06 TE	
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50 Make check payable to Florida Department of State								
After Ja	nuary 1, 2007. Fee will be \$297	.50						
		<u> </u>	11.	AD	ODITIONS/CHANGES T	Florida De	partment of S	tate
After Ja 10. IITLE	OFFICERS AND DI	<u> </u>	11.	AD	DOITIONS/CHANGES T	Florida De	partment of S	tate
10,	OFFICERS AND DI PD -DEXTER, LM II 6801 AZUL CT	RECTORS	TITLE NAME STREET ADDRESS	P/ B	D Jenjamin F.	Florida De	DIRECTORS IN Change	10
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DI PD -DEXTER, LM-II- 6801 AZUL CT JACKSONVILLE, FL 32210	RECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/ B	D	Florida De	DIRECTORS IN Change 7, 57	10 Addition
10. TITLE NAME STREET ADDRESS	OFFICERS AND DI PD -DEXTER, L.M.II- 6801 AZUL CT JACKSONVILLE, FL 32210 D -WILLIAMS, ALISHA-	RECTORS	TITLE NAME STREET ADDRESS	P/ 10. V	D enjamin F. 16 W 31 57 acksonvill aami Addi	Florida De	DIRECTORS IN Change	10
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BANCHAN NEC - 7 2006

I have seen copies of WIV 2006 NOT-FOR-PROFIT CORPORATION documents where this man ANNUAL REPORT has done this same action DOCUMENT, # N05000003439 to Mt. Olive Baptist Church 1. Enuly Name
ST. STEPHEN BAPTIST CHURCH INC. in Jackson ville. Your system makes it easy for him to do Principal Place of Business Mailing Address 4201 ALMEDA ST 4201 ALMEDA ST forgery and get away with it JACKSONVILLE, FL 32209 JACKSONVILLE, FL 32209 Now we have 2. Principal Place of Business to soffer 3. Mailing Address because of his Suite, Apt. #, etc. Suite, Apt. # 610 09132006 CR2E037 (4/06) actions and 4. FEI Number 35-2252325 City & State & State Applied For 1415 Not Applicable procedure. Zip Country Country \$8.75 Additional 5. Certificate of Status Desired that 15 50 8. Name and Add 3 of Current Registered Agant 7. Name and Address of New Registered Agent easy to Name change. DEXTER, L M II Street Address (P.O. Box Number is Not Acceptable) 6801 AZUL CT He needs to JACKSONVILLE, FL 32210 be stupped. Zip Code 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 title if applicable (NOTE: Registered Agent signature required when rematating) DATE Election Campaign Financing Trust Fund Contribution. Filing Fee Is \$61.25 Make check payable to \$5.00 May Be Florida Department of State Due by September 15, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. , Le Morris ☐ Delete TITLE Without proper authorizate, Grange Addition TITLE DEXTER, L M II Michael NAME this person took it won himself to STREET ADDRESS 6801 AZUL CT maiden name STREET ADDRESS Pexter change the designated board members and CITY-ST-ZIE JACKSONVILLE, FL 32210 CITY-ST-71P of his Dekete replaced them with his Change Addition TITLE TITLE WILLIAMS, ALISHA NAME NAME name, his wifes name and a friend as the 125 CARVER CIR fraudulent STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL CITY-ST-ZIP directors of this church. CITY-ST-21P TITLE ☐ Delete TITLE ☐ Change ☐ Addition LOVE A M NAME fraudulent 5:2 F.8E STREET ADDRESS 245 22ND ST STREET ADDRESS address JACKSONVILLE, FL 32209 We are late in supmitting this document CITY - ST - ZIP CITY-ST-ZIP because of the confusion and addresses Oelete TITLE TITLE NAME NAME being different STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP We received this notice Change Addition TITLE -Delete TITLE NAME NAME offer the due date since it was mailed on STREET ADDRESS STREET ADORESS 9/14 and due 9/15. CITY-ST-7IP CITY-ST-7IP We had no choice but ☐ Change ☐ Addition ☐ Deleta TITLE NAME NAME to be late due to our lack of Knowledge STREET ADDRESS STREET ADDRESS that this form had been fraudilently changed. CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL ADDISON

St. Stephen Baptist Church

P.O. BOX 12677

Jacksonville, FL 32209

(904) 768-5186

(904) 312-0333

Dayome Phone #

Malela