

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000008717

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** THE NEW ST. PAUL MISSIONARY BAPTIST CHURCH OF LIMESTONE,INC.

**Current Principal Place of Business:**

5095 WASHINGTON AVE.  
ONA, FL 33865

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 357  
ONA, FL 33865

**New Mailing Address:**

**FEI Number:** 14-1851097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, CHARLIE M  
5005 LEE AVE  
ONA, FL 33865 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:** CHARLIE M JONES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** C  
**Name:** JONES, CHARLIE M  
**Address:** 5005 LEE AVE  
**City-St-Zip:** ONA, FL 33865 US

**Title:** S  
**Name:** JONES, CHARLIE M  
**Address:** 5005 LEE AVE  
**City-St-Zip:** ONA, FL 33865 US

**Title:** T  
**Name:** RICHARDSON, LULA  
**Address:** 1514 S.W. HARLEM CIRC.  
**City-St-Zip:** ARCADIA, FL 34266

I hereby 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 all other like empowered.

**SIGNATURE:** CHARLIE M JONES

SEC

02/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date