

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000010352

**FILED**  
**Jun 23, 2010**  
**Secretary of State**

**Entity Name:** SUWANNEE MISSIONARY BAPTIST ASSOCIATION INC

**Current Principal Place of Business:**

1747 SOUTH WALKER AVE  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

1747 SOUTH WALKER AVE  
LIVE OAK, FL 32064

**New Mailing Address:**

**FEI Number:** 59-2212349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SULLIVAN, S.C.  
1747 S WALKER AVE  
LIVE OAK, FL 32064 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:** S. C. SULLIVAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** TEEMS, DAVID  
**Address:** 14364 140TH STREET  
**City-St-Zip:** LIVE OAK, FL 32060

**Title:** D  
**Name:** CORDERO, JEFFERY  
**Address:** 6592 NW 48TH. STREET  
**City-St-Zip:** JENNINGS, FL 32053

**Title:** D  
**Name:** PICKLES, WYNEMA  
**Address:** 20961 LANCASTER RD  
**City-St-Zip:** LIVE OAK, FL 32060

**Title:** D  
**Name:** SULLIVAN, S C  
**Address:** PO BOX 303  
**City-St-Zip:** LIVE OAK, FL 32064

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:** WYNEMA PICKLES

D

06/23/2010

Electronic Signature of Signing Officer or Director

Date