2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011543

FILED May 07, 2009 Secretary of State

Entity Name: M.A. BALDWIN COMMUNITY OUTREACH MINISTRIES, INC.

Current Principal Place of Business:		New Principal Place of Business:
1600 N FEDERAL HWY BAY 4 AND 5 BOYNTON BEACH, FL 33435		425 NE 10TH AVE BOYNTON BEACH, FL 33435
Current Mailing Address:		New Mailing Address:
1600 N FEDERAL HWY BAY 4 AND 5 BOYNTON BEACH, FL 33435		POBOX 1256 BOYNTON BEACH, FL 33435
FEI Number: 20-8544723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
BALDWIN, MARVA A EXD 7323 MICHIGAN ISLE ROAD LAKE WORTH, FL 33467 US		
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.		
SIGNATUR	E: MARVA A BALDWIN	
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS: AD		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	EXD () Delete BALDWIN, MARVA A EXDIR 7312 MICHIGAN ISLE ROAD LAKE WORTH, FL 33467	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	EXD () Delete GIRTMAN, ROBERT E EXDIR 153 ROCKINGCHAIR DIVER WHITE PLAINS, NY 10607	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	ADM () Delete BISHOP, CAROL J ADM 2861 SOUTH SECREST BLVD BOYNTON BEACH, FL 33435	Title: ADM (X) Change () Addition Name: BISHOP, CAROL J ADM Address: 4275 URQUHART ST City-St-Zip: LAKE WORTH, FL 33461
Title: Name: Address: City-St-Zip:	DIR () Delete SHEPHENS, GINA J DIR 7323 MICHIGAN ISLE ROAD LAKE WORTH, FL 33467	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DIR () Delete BRAAF, LEONARD DIR 2334 SOUTH WEST 13TH STREET BOYNTON BEACH, FL 33426	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete SHANNEN, YVONNE TREAS 319 SOUTH WEST 10TH STREET DELRAY BEACH, FL 33444	Title: () Change () Addition Name: Address: City-St-Zip:
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.		

SIGNATURE: CAROL BISHOP ADM 05/07/2009