

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N07000007815</b>					
<b>1. Entity Name</b> MT. BEASOR PRIMITIVE BAPTIST CHURCH OF SOPCHOPPY, FLORIDA, INC.					
Principal Place of Business 29 WINTHROP AVE. SOPCHOPPY, FL 32358			Mailing Address 29 WINTHROP AVE. SOPCHOPPY, FL 32358		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 859 Oak Park Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Sopchoppy, Florida			
Zip	Country	Zip 32358	Country USA	<b>4. FEI Number</b> 51-0644044	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TAYLOR, AARON B. 200 FRIENDSHIP CHURCH RD. CRAWFORDVILLE, FL 32327			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAYLOR, AARON B. 200 FRIENDSHIP CHURCH RD. CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500142712205 02703709--01016--013 ***122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS QUIGG, JESSE M. 859 OAK PARK RD. SOPCHOPPY, FL 32358		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCKENZIE, HOWARD E. 267 PARK AVE. SOPCHOPPY, FL 32358		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR INGRAM, HERMAN S. P.O. BOX 246 SOPCHOPPY, FL 32358		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUTTON, WILLIAM R. P.O. BOX 273 PANACEA, FL 32346		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>12. I hereby 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.</b>					
<b>SIGNATURE:</b> <i>Aaron B Taylor</i>			Aaron B. Taylor		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
January 26, 2009			(850)962-7843		
Daytime Phone #			Daytime Phone #		