

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009791

FILED
Jan 30, 2009
Secretary of State

Entity Name: MOUNT OLIVE PRIMITIVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

510 NE 15TH ST.
GAINESVILLE, FL 326411526

New Principal Place of Business:

Current Mailing Address:

510 NE 15TH ST.
GAINESVILLE, FL 326411526

New Mailing Address:

FEI Number: 87-0798342 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

RESHARD, ALICE
1424 NE 9TH ST.
GAINESVILLE, FL 32601 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.

SIGNATURE: ALICE M. RESHARD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: BAKER, JAMES A
Address: P. O. BOX 541
City-St-Zip: GRETNA, FL 32332

Title: VD () Delete
Name: WILLIAMS, WILLIE F
Address: 1634 NE 19TH PL.
City-St-Zip: GAINESVILLE, FL 32609

Title: SD () Delete
Name: RESHARD, ALICE M
Address: 1424 NE 9TH ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: TD () Delete
Name: WILLIAMS, JOE
Address: 628 NE 17TH ST.
City-St-Zip: GAINESVILLE, FL 32641

Title: SD () Delete
Name: WILLIAMS, JANIE S
Address: 811 SW 5TH ST.
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: ATWATERS, ALFONSO T
Address: 510 NE 15TH ST.
City-St-Zip: GAINESVILLE, FL 326411526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALICE M. RESHARD

SD

01/30/2009

Electronic Signature of Signing Officer or Director

Date