

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000008092

FILED
Oct 13, 2009
Secretary of State

Entity Name: THE NEW BETHEL AME OUTREACH ORGANIZATION, INC.

Current Principal Place of Business:

11695 SW 220 STREET
GOULDS, FL 33170

New Principal Place of Business:

Current Mailing Address:

11695 SW 220 STREET
GOULDS, FL 33170

New Mailing Address:

FEI Number: 35-2346357 **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:

EVERETT, MAE
11695 SW 220 STREET
GOULDS, FL 33170 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: WILLIE BROWN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVERETT, MAE
Address: 16243 SW 107 PLACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: WALLACE, WILLIE J
Address: 22301 SW 115 AVE
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: WATERS, DIANE
Address: 17850 SW 112 AVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: JOHNSON, LINDA V
Address: 22435 SW 113 STREET
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: RILEY, MAMIE L
Address: 10715 SW 222 STREET
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: BOWLES, GILBERT
Address: 12751 SW 218 TERRACE
City-St-Zip: MIAMI, FL 33170

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: WILLIE BROWN

Electronic Signature of Signing Officer or Director

MR

10/13/2009

Date