2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000008177

FILED Oct 07, 2009 Secretary of State

Entity Name: NEW BIRTH OF FAITH FELLOWSHIP CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 23110 STATE RD. 54 1725 E. FOWLER AVE. TAMPA, FL 33612 #137 LUTZ, FL 33549 **Current Mailing Address: New Mailing Address:** 23110 STATE RD. 54 #137 LUTZ, FL 33549 FEI Number: 26-3317967 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: FULLWOOD, DARRICK A SR. 23110 STATÉ RD. 54 LUTZ, FL 33549 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: DARRICK FULLWOOD Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FULLWOOD, DARRICK A SR Name: Name: Address: 23110 STATE RD. 54 #137 Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: Title: () Delete () Change () Addition FULLWOOD, ANGELA P Name: Name: Address: 23110 STATE RD. 54 #137 Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, J.NAI M Name: Name: Address: P.O BOX 1754 Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: VAUGHN, LERONIA M Name: LANE, SHEILA K 2322 COLBY LANE Address: 31042 STONE ARCH AVE. Address: City-St-Zip: WESLEY CHAPEL, FL 33545 City-St-Zip: TAMPA, FL 33612

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: ANGELA FULLWOOD D 10/07/2009