


2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

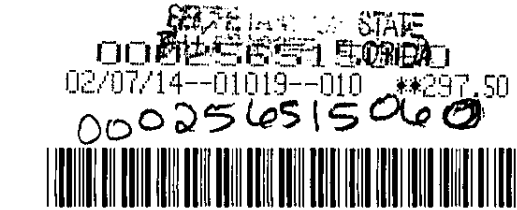
APPROVED
AND
FILED

14 FEB -7 PM 1:56

DOCUMENT # N09000008989	
1. Entity Name NEW BIRTH CHRISTIAN CENTER OF QUINCY, INCORPORATED	

Principal Place of Business 1311 LIVE OAK STREET QUINCY, FL 32351	Mailing Address PO BOX 1514 QUINCY, FL 32353
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2. Principal Place of Business - No P.O. Box # 201 S. Ward St.	3. Mailing Address 201 S. Ward St.
Suite, Apt. #, etc. Quincy, FL 32351	Suite, Apt. #, etc.
City & State Quincy, FL	City & State Quincy, FL
Zip 32351	Country USA



02072014 REIN-NP CR2E099 (12/11)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, LULA M 780 SPRING MEADOWS ROAD QUINCY, FL 32351	
7. Name and Address of New Registered Agent Name: Mondrieal ALLS Street Address (P.O. Box Number is Not Acceptable): 201 S. Ward St. City: Quincy FL Zip Code: 32351	

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.

SIGNATURE: Mondrieal ALLS DATE: 02-07-14

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ALLS, JARVIS M 220 MCARTHUR ST QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 S. Ward St. Quincy, FL 32351
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AA GREEN, LULA M EXECTVE 780 SPRING MEADOWS AROD QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AA ALLS, MONDRIEAL 1ST 220 MCARTHUR ST QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 S. Ward St. Quincy, FL 32351
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	FEB -7 2014 L. SELLERS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2013-2014
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Mondrieal ALLS DATE: 02-07-14 E-MAIL ADDRESS: mjalls@yahoo.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-MAIL ADDRESS