


2015 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

15 APR 28 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13000000808	
1. Entity Name EAST GROVE MISSIONARY BAPTIST CHURCH, INC.	

Principal Place of Business 1642 OAKRIDGE RD WOODVILLE, FL 32305	Mailing Address PO BOX 544 WOODVILLE, FL 32362
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04282015 REIN-NP CR2E099 (12/11)

6. Name and Address of Current Registered Agent WHITFIELD, TIMOTHY E 8477 TITUS LN TALLAHASSEE, FL 32305	7. Name and Address of New Registered Agent Name <u>Carolyn Harris</u> Street Address (P.O. Box Number is Not Acceptable) <u>836 Sunridge Rd.</u> City <u>Tallahassee</u> FL Zip Code <u>32305</u>
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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 Carolyn Harris DATE 4/28/15
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2016, Fee will be \$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	D WIGGINS, RONALD 8018 BLACK JACK RD. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600272320106 04/28/15--01023--013 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, RICHARD 1642 OAKRIDGE RD. WOODVILLE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600272320106 04/28/15--01023--016 **227.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITFIELD, TIMOTHY E 8477 TITUS LN TALLAHASSEE, FL 32305 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

REINSTATEMENT

2014-2015

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: Carolyn Harris DATE 4/28/15 E-MAIL ADDRESS Mu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-MAIL ADDRESS