2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jul 27, 2009
Secretary of State

DOCUMENT# N16065

Entity Name: NEW BEGINNING COMMUNITY CHURCH OF THE NAZARENE INC.

Current Principal Place of Business:

380 NORTH LOWDER ST.
MACCLENNY, FL 32063 US

New Principal Place of Business:

Current Mailing Address:

380 N LOWDER ST
MACCLENNY, FL 32063 US

New Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 130
JACKSONVILLE, FL 32216 US

FEI Number: 59-2255783 **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:

MAITLAND, THOMAS H REV
380 NORTH LOWDER ST.
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

PATRICK, MARK R CPA
4029 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 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: MARK R. PATRICK 07/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SEC ( ) Delete
Name: WARD, PATRICIA
Address: PO BOX 1580 STASI RD
City-St-Zip: GLEN ST. MARY, FL 32040

Title: TREA ( ) Delete
Name: MARTIN, ANGIE
Address: 7154 SOUTHERN STATES NURSERY RD
City-St-Zip: MACCLENNY, FL 32063

Title: TRUS ( ) Delete
Name: DAVIS, LEE
Address: 18458 NOAH RAULERSON RD
City-St-Zip: SANDERSON, FL 32087

Title: YOUT (X) Delete
Name: RINER, SHELYCE
Address: 11226 DUVAL RD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change ( ) Addition
Name: STEPHENS, MARTHA
Address: 4617 SOUTHPOINT PARKWAY, SUITE 130
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: TREA (X) Change ( ) Addition
Name: PATRICK, MARK R
Address: 4029 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: PRES (X) Change ( ) Addition
Name: JENKINS, ORVILLE W
Address: 4617 SOUTHPOINT PARKWAY, SUITE 130
City-St-Zip: JACKSONVILLE, FL 32216

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: MARK R. PATRICK TREA 07/27/2009
Electronic Signature of Signing Officer or Director Date