

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N22072

FILED
Oct 21, 2004
Secretary of State**Entity Name:** ST. MATTHEWS BAPTIST CHILD DEVELOPMENT CENTER, INC.**Current Principal Place of Business:**3716 LAKE AVE EAST
TAMPA, FL 33610 US**New Principal Place of Business:****Current Mailing Address:**3716 LAKE AVE EAST
TAMPA, FL 33610 US**New Mailing Address:****FEI Number:** 59-2854655 **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:**SHEDRICK, DAVID
4910 84TH STREET
TAMPA, FL 33619 US**Name and Address of New Registered Agent:**WALKER, DAVID
3006 33RD AVE.
TAMPA, FL 33610 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: DAVID WALKER

10/21/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROWE, TAYLOR
Address: 3608 E MCBERRY
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: MARSHALL, CONSTANCE,
Address: 3621 E. NORTH STREET
City-St-Zip: TAMPA, FL 33610,

Title: TD () Delete
Name: HARRIS, CLIFFORD,
Address: 3206 E. GIDDEN AVENUE
City-St-Zip: TAMPA, FL 33610,

Title: D () Delete
Name: SHEDRICK, DAVID,
Address: 4910 84TH STREET
City-St-Zip: TAMPA, FL 33619,

Title: D () Delete
Name: WALKER SR., DAVID,
Address: 3006 E. 33RD AVENUE
City-St-Zip: TAMPA, FL 33610,

Title: D () Delete
Name: HINES, ANTONIO
Address: 12062 STONE CROSSING CIR
City-St-Zip: TAMPA, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROWE TAYLOR

D

10/21/2004

Electronic Signature of Signing Officer or Director

Date