


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


DOCUMENT # N23230		
1. Entity Name NEW HOME BAPTIST CHURCH, OF MADISON, INC.		

FILED  
07 JUN 28 PM 2:20

FLORIDA STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1100 SW MOSELEY HALL RD MADISON, FL 32340	Mailing Address %SIM ANDREWS RT. 1, BOX 665 MADISON, FL 32340
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2. Principal Place of Business - No P.O. Box # New Home Baptist Church Suite, Apt. #, etc. 1100 SW Moseley Hall City & State Madison, FL Zip 32340	3. Mailing Address 40 Darrell Tuten Suite, Apt. #, etc. 2519 SW Moseley Hall City & State Madison, FL Zip 32340
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**REINSTATEMENT**  
0621007 (1/07) 06-07  
4. FEI Number  
59-2139489  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent ANDREWS, SIM RT. 1, BOX 665 MADISON, FL 32340	
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7. Name and Address of New Registered Agent Name Darrell Tuten Street Address (P.O. Box Number is Not Acceptable) 2519 SW Moseley Hall Rd City Madison FL Zip Code 32340	
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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 Darrell Tuten Darrell Tuten 6/27/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	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 BASS, WAYNE 7227 CR 360 MADISON, FL 32340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800105654658 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/05/07--01064--007 **131.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, PHILIP 2310 MOSELEY HALL RD MADISON, FL 32340 <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	D TUTEN, DARRELL 2519 MOSELEY HALL RD MADISON, FL 32340 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pete Bucher <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6322 SW CR 360 Madison, FL 32340
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	<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

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: Pete Bucher Pete Bucher 6/27/07 (850) 973-4151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #