


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N30900	
1. Entity Name SHERBROOKE BAPTIST CHURCH, INC.	


Principal Place of Business 8657 LANTANA ROAD LAKE WORTH, FL 33467	Mailing Address C/O SHER BROOKE BAPTIST CHURCH 8657 LANTANA ROAD LAKE WORTH, FL 33467 US
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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

FILED

2007 NOV 13 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11072007 REIN-NP CR2E099 (1/07)

4. FEI Number 65-0134617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MITCHELL, THOMAS B 9436 SPANISH MOSS ROAD LAKE WORTH, FL 33467	Name Jerome S. Wright
	Street Address (P.O. Box Number is Not Acceptable) 5790 Fountains Drive Sth.
	City Lake Worth FL 33467

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 Jerome S. Wright **DATE** 11.8.07

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

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$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 PD NAME BEGOR, WILLIAM STREET ADDRESS 5397 SANDHURST CIRCLE N CITY-ST-ZIP LAKE WORTH, FL 33463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MITCHELL, THOMAS B STREET ADDRESS 9436 SPANISH MOSS ROAD W. CITY-ST-ZIP LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME Jerome S. wright STREET ADDRESS 5790 Fountains Drive STH. CITY-ST-ZIP Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME SCHENCK, KEN STREET ADDRESS 357 KISMET AVE CITY-ST-ZIP PAHOKEE, FL 33476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 900112242029 CITY-ST-ZIP 11/13/07--01073--002 ***70.00	<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
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: Jerome S. Wright **DATE** 11.8.07 **Daytime Phone #** (561) 649 8254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/07