


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N35705 1. Entity Name GREATER ZION GROVE BAPTIST CHURCH, INC.						FILED 05 NOV -1 PM 12: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business 6345 118TH ST JACKSONVILLE, FL 32244				Mailing Address 6345 118TH ST JACKSONVILLE, FL 32244																											
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																											
City & State				City & State																											
Zip		Country		Zip		Country																									
6. Name and Address of Current Registered Agent TUCKER, PASTOR WILLIE O 7871 118TH STREET JACKSONVILLE, FL 32244				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																											
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.				4. FEI Number 59-3173074																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																											
SIGNATURE <u>Jimmie P. Hicks</u> 10-27-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				10272005 REIN-NP CR2E099 (6/04)																											
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, 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				10. OFFICERS AND DIRECTORS																											
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Pastor W.O. Tucker</u> 10-27-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																															