

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 14, 2007  
Secretary of State**

DOCUMENT# N37414

Entity Name: MT. ZION A.M.E. CHURCH OF BELLE GLADE, INC.

**Current Principal Place of Business:**

249 SW 10TH STREET  
P O BOX 1688  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

249 S. W. 10TH STREET  
BELLE GLADE, FL 33430

**Current Mailing Address:**

249 SW 10TH STREET  
P O BOX 1688  
BELLE GLADE, FL 33430

**New Mailing Address:**

249 S. W. 10TH STREET  
P. O. BOX 1688  
BELLE GLADE, FL 33430

FEI Number: 65-0421024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

YOUNG, MCKINLEY BISHOP  
101 EAST UNION STREET  
SUITE 301  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: MCKINLEY YOUNG

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HYMES, MELVIN E.,  
Address: 5341 45TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: VD ( ) Delete  
Name: WILKERSON, MARY ROSS,  
Address: 617 N.W. 14TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: TD ( ) Delete  
Name: JONES, ROOSEVELT,  
Address: 21 ROOSEVELT ST.  
City-St-Zip: BELLE GLADE, FL 33430

Title: SD ( ) Delete  
Name: VEREEN, JULIA  
Address: 648 SW 3RD ST  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: WHITLEY, GLORIA,  
Address: 832 S.W. AVENUE  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: MORRIS, FARYL,  
Address: 601 S.W. 11TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

**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:

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: MELVIN E. HYMES

PD

10/14/2007

Electronic Signature of Signing Officer or Director

Date