2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N37560

FILED Sep 21, 2006 Secretary of State

Entity Name: NEW HOPE BAPTIST CHURCH OF WHITE CITY, INC. **Current Principal Place of Business: New Principal Place of Business:** 5200 OLEANDER AVE FT. PIERCE, FL 34982 US **Current Mailing Address: New Mailing Address:** 5200 OLEANDER AVE FT. PIERCE, FL 34982 US FEI Number: 65-0140173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIAQUINTO, BRIAN R P 5200 OLEANDER AVE FT. PIERCE, FL 34982 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: BRIAN R. GIAQUINTO Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MAYNE, JULIE THELWELL, TREVOR Name: Name: 5200 OLEANDER AVE Address: 5200 OLEANDER AVE Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: () Change () Addition KILEY, JEANNETTE Name: Name: Address: 5200 OLEANDER AVE Address: City-St-Zip: FT PIERCE, FL 34782 City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, BETH Name: Name: 5200 OLEANDER AVE Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GIAQUINTO, BRIAN R Name: Address: 804 EMIL AVE Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Ρ SIGNATURE: BRIAN R. GIAQUINTO 09/21/2006