2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46671

FILED Oct 09, 2009 Secretary of State

Entity Name: MT. TABOR FIRST BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 4909 ST JOHNS AVENUE PALATKA, FL 32177 **Current Mailing Address: New Mailing Address:** 4909 ST JOHNS AVENUE PALATKA, FL 32177 FEI Number: 59-2959234 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: THE MCLEOD FIRM 1200 PLANTATION ISLAND DRIVE ST. AUGUSTINE, FL 32084 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: THE MCLEOD FIRM Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FLAGG, REV. KARL N Name: Name: 1700 OAK STREET Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: () Change () Addition DORSEY, FREDDIE L SR. Name: Name: Address: 3224 BLAIR DRIVE Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: VD. () Delete Title: () Change () Addition BIVINS, ALTON Name: Name: Address: 343 ALABAMA AVENUE Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: () Change () Addition LOCKHART, DONALD SR. Name: Name: Address: PO BOX 624 Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: () Change () Addition KELLY, LILA M Name: Name: 202 FLORIDA TRAIL Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: () Change () Addition SESSION, KAREN Name: Name: PO BOX 33 Address: Address: EAST PALATKA, FL 32131 City-St-Zip: 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: KARL N FLAGG P 10/09/2009