

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N47949

FILED
Jan 07, 2009
Secretary of State

Entity Name: HOLY FAITH MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

17001 NW 20TH AVENUE
OPALOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

17001 NW 20TH AVENUE
OPALOCKA, FL 33056

New Mailing Address:

FEI Number: 65-0322534 **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:

Name and Address of New Registered Agent:

WILLIAMS, GREGORY
16269 SW 16TH ST
PEMBROKE PINES, FL 33027 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: GREGORY WILLIAMS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYONS, IRVIN J
Address: 3051 N.W. 186TH TERR
City-St-Zip: OPA LOCKA, FL 33056 US

Title: S () Delete
Name: WILLIAMS, SHELLY
Address: 4451 NW 171ST ST
City-St-Zip: OPA LOCKA, FL 33055 US

Title: P () Delete
Name: WILLIAMS, GREGORY
Address: 16269 SW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: D () Delete
Name: BENNETT, ERNEST
Address: 7758 LASALLE BVLD
City-St-Zip: MIRAMAR, FL 33023 US

Title: D () Delete
Name: HURST, REAUDREY
Address: 3540 NW 82ND STREET
City-St-Zip: MIAMI, FL 33147 US

Title: VP () Delete
Name: WILLIAMS, MILLICENT L
Address: 16269 SW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOHN, CONE
Address: 17001 NW
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KIM, ELLIOIT
Address: 17001 NW
City-St-Zip: MIAMI GARDENS, FL 33056 US

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: GREGORY WILLIAMS

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date