

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N47949

FILED
Apr 24, 2013
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 ()

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: JOHN, CONE
Address: 17001 NW
City-St-Zip: MIAMI GARDENS, FL 33056 US

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

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

Title: T
Name: TYNESE, EDWARDS
Address: 17001 NW
City-St-Zip: MIAMI GARDENS, FL 33056 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHELLY WILLIAMS

T

04/24/2013

Electronic Signature of Signing Officer or Director

Date