## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N93000002544

FILED Oct 28, 2008 Secretary of State

Entity Name: GREATER NEW BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, INC. LACOOCHEE, FLORIDA

Current P	rincipal Place of Business:	New Principal Place of Business:
20653 FLC LACOOCH	OYD RD HEE, FL 33537	
Current M	ailing Address:	New Mailing Address:
PO BOX 8 LACOOCH	18 HEE, FL 33537	
	59-3282225 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation did no	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) t receive the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	RICHARD KENS CIRCLE L 33593 US	WILLIAMS, EVELYN 34320 RIDGE MANOR BLVD RIDGE MANOR, FL 33523 US
	named entity submits this statement for the $\ensuremath{\text{p}}$ e of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATUF	RE: EVELYN W. WILLIAMS	10/28/2008
	Electronic Signature of Registered Age	ent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	S () Delete HILL, ROSA PO BOX 233 TRILBY, FL 33593	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete DAVIS, JAMES 36812 FOXGLORE AVE DADE CITY, FL 33523	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete WRISPUS, ALTAMESE 20702 PINE PRODUCTS RD DADE CITY, FL 33523	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete WORMACK, LILLY 20548 WORMACK RD LACOOCHEE, FL 33537	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete GRAHAM, WILLIE MAE 20634 MICKENS CIRCLE TRILBY, FL 33593	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete WILLIAMS, EVELYN W 34320 RIDGE MANOR BLVD RIDGE MANOR, FL 33523	Title: D (X) Change ( ) Addition Name: BENNETT, CHRISTI Address: 20548 WORMACK ROAD City-St-Zip: DADE CITY, FL 33523

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: EVELYN W. WILLIAMS STEW 10/28/2008