

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000005660

FILED
Oct 08, 2007
Secretary of State

Entity Name: BROWNVILLE BAPTIST CHURCH, INC.

Current Principal Place of Business:

7015 NE CUBITIS AVENUE
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

7015 NE CUBITIS AVENUE
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 59-2535071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STARK, JAMES
8500 N.E. WILLIAMS ROAD
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

SPOON, CLAYTON
1511 N. ARCADIA AVE
ARCADIA, FL 34266 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: CLAYTON SPOON

10/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: STARK, JAMES
Address: 8500 N.E. WILLIAMS ROAD
City-St-Zip: ARCADIA, FL 34266

Title: MR () Delete
Name: SPOON, CLAYTON W
Address: 3059 N.E. CRYSTAL STREET
City-St-Zip: ARCADIA, FL 34266

Title: MRS (X) Delete
Name: BLACKMON, VIRGINIA
Address: EAST 905 CHARLES STREET
City-St-Zip: ARCADIDA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: SPOON, CLAYTON
Address: 1511 N. ARCADIA AVE
City-St-Zip: ARCADIA, FL 34266

Title: MS (X) Change () Addition
Name: BLACKMON, VIRGINIA
Address: 905 CHARLES ST
City-St-Zip: ARCADIA, FL 34266

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: CLAYTON SPOON

MR

10/08/2007

Electronic Signature of Signing Officer or Director

Date