

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # N97000005077 | |
| 1. Entity Name CHRISTIAN UNITED MISSIONARY BAPTIST CHURCH, INC. | |



FILED

08 DEC -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business 321 W 23RD STREET RIVIERA BEACH, FL 33404 | Mailing Address P.O. BOX 11485 RIVIERA BEACH, FL 33419-1148 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

12032008 REIN-NP CR2E099 (1/07)



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|--|--|---|
| 4. FEI Number 65-0713401 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent GREEN, DAVID SR 321 W 23 STREET RIVIERA BEACH, FL 33404 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50 | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREEN, DAVID SR 321 W 23RD STREET RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200138687482 12/08/08--01040--010 **166.25 12/05/08 01040-004 \$ 7000 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TCC SAUNDERS, BARRY 24 EAST 25TH STREET RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GREEN, CHARLES 1521 W 11TH ST. RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TFS GREEN, SHIRLEY 321 W 23RD STREET RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ALLEN, PEARL 343 NORWICH, O WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Green 12-3-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #