

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000003251

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** GREATER NEW HOPE MISSIONARY BAPTIST CHURCH OF PAHOKEE, INC.

**Current Principal Place of Business:**

100 EAST DR MARTIN L KING JR BLVD  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

230 WEST DR MARTIN L KING JR BLVD  
PAHOKEE, FL 33476

**New Mailing Address:**

**FEI Number:** 65-0675087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JACKSON, MARY E  
230 WEST DR MARTIN LUTHER KING JR BLVD  
PAHOKEE, FL 33476 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:** MARY JACKSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D,C  
**Name:** MCKELTON, SYDNEY  
**Address:** 8675 GREGORY WAY, #07  
**City-St-Zip:** PAHOKEE, FL 33476 US

**Title:** D  
**Name:** KILLINGSWORTH, WILLIE J  
**Address:** 323 BANYAN AVE  
**City-St-Zip:** PAHOKEE, FL 33476 US

**Title:** D,VC  
**Name:** COORE, AMOS C  
**Address:** 8832 ELDORADO DRIVE  
**City-St-Zip:** PAHOKEE, FL 33476 US

**Title:** S  
**Name:** JACKSON, MARY E  
**Address:** 230 WEST DR MARTIN L KING JR BLVD  
**City-St-Zip:** PAHOKEE, FL 33476

**Title:** D,VC  
**Name:** BOSTIC, ALBERT B  
**Address:** 264 NW 9 ST  
**City-St-Zip:** BELLE GLADE, FL 33430

**Title:** D  
**Name:** HICKS, FREDDIE L  
**Address:** 502 FARM PLACE  
**City-St-Zip:** PAHOKEE, FL 33476 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:** ALBERT BOSTIC

D,VC

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date