2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000007074

FILED Nov 04, 2004 Secretary of State

Entity Name: MT. OLIVE MISSIONARY BAPTIST CHURCH OF BRADLEY, FL., INC.

| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
|---|--|---|---|--|
| 155 CHUR BRADLEY | RCH AVE , FL 33835 | | | |
| Current Mailing Address: | | New Mailing Addres | New Mailing Address: | |
| P.O. BOX BRADLEY | 191 , FL 33835 | | | |
| In accordan | : 63-0009423 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did no | | Certificate of Status Desired () | |
| Name and | Address of Current Registered Agent: | Name and Address | of New Registered Agent: | |
| 10 WILLIAI | K, EUGENE T MS STREET RY, FL 33860 US | | | |
| | named entity submits this statement for the $\mathfrak p$ e of Florida. | urpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUR | RE: | | | |
| | Electronic Signature of Registered Age | nt | Date | |
| OFFICERS | S AND DIRECTORS: | ADDITIONS/CHANG | ES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () Delete ANTHONY, DELORES 1110 BENNETT CT. BARTOW, FL 33830 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete WOODY, TILLIE A 150 NORTH AVE. BRADLEY, FL 33835 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete ROBERTS, DAHLAIA 820 CROWN AVE BARTOW, FL 33830 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete WILCOX, LEVI M 6951 WILSON AVE. BRADLEY, FL 33835 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete WYNN, RALPH R 1070 TEE CIRCLE EAST BARTOW, FL 33830 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete ROBINSON, EDDIE 205 HOOKER ST BRADLEY, FL 33835 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | | | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY, DELORES D 11/04/2004