

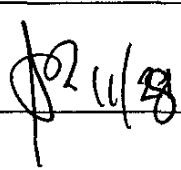



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N95000003924</b> 1. Entity Name <b>NEW MT. ZION MISSIONARY BAPTIST CHURCH, INC.</b>						<b>FILED</b> <b>05 NOV -7 PM 2:35</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1321 NORTH WEBSTER AVE.</b> <b>LAKELAND, FL 33805</b>				Mailing Address <b>1321 NORTH WEBSTER AVE.</b> <b>LAKELAND, FL 33805</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-2052386</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HARDIE, JOE S REV.</b> <b>1641 YEOMANS PATH</b> <b>LAKELAND, FL 33809</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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:  <b>11-1-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE: PD <input type="checkbox"/> Delete NAME: HARDIE, REV. JOE S STREET ADDRESS: 1641 YEOMANS PATH CITY-ST-ZIP: LAKELAND, FL 33809				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>800061222838</b> STREET ADDRESS: <b>11/08/05--01002--024</b> CITY-ST-ZIP: <b>**236.25</b>			
TITLE: D <input type="checkbox"/> Delete NAME: BRODERICK, WEBSTER STREET ADDRESS: 1039 N. ANDERSON AVENUE CITY-ST-ZIP: LAKELAND, FL 33805				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 			
TITLE: D <input checked="" type="checkbox"/> Delete NAME: ROBINSON, SR., NATHANIEL STREET ADDRESS: 305 WEST VALENCIA STREET CITY-ST-ZIP: LAKELAND, FL 33805				TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Deacon Austin, Ambrose STREET ADDRESS: P. O. Box 3096 CITY-ST-ZIP: Lakeland, FL 33802			
TITLE: D <input type="checkbox"/> Delete NAME: GATLIN, WILLIAM STREET ADDRESS: 1409 CANDYCE AVE CITY-ST-ZIP: LAKELAND, FL 33805				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 			
TITLE: D <input type="checkbox"/> Delete NAME: KING, LAURASTINE STREET ADDRESS: 1018 MADISON AVE CITY-ST-ZIP: LAKELAND, FL 33805				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME:  STREET ADDRESS: CITY-ST-ZIP: 			
TITLE: D <input type="checkbox"/> Delete NAME: BOLDEN, MINNIE STREET ADDRESS: 1041 N ANDERSON AVE CITY-ST-ZIP: LAKELAND, FL				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 				<b>11-1-05</b> <small>Date Daytime Phone #</small>			