


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT #.703763 1. Entity Name SUNSET PRESBYTERIAN CHURCH OF FORT LAUDERDALE, INC.		
Principal Place of Business 3550 DAVIE BOULEVARD FORT LAUDERDALE, FL 33312	Mailing Address 3550 DAVIE BOULEVARD FT LAUDERDALE, FL 33312-3438	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country

FILED

05 NOV -8 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10102005 REIN-NP CR2E099 (6/04)

4. FEI Number NOT APPLICABLE	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 HUSZAR, GWEN 3550 DAVIE BLVD FORT LAUDERDALE, FL 33312	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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 *Gwen Huszar* 10-11-05

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

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	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	T HUSZAR, GWEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSZAR, GWEN	NAME	200060629372
STREET ADDRESS	3550 DAVIE BLVD	STREET ADDRESS	10/14/05--01058--020 **\$61.25
CITY-ST-ZIP	FT LAUDERDALE, FL 33312	CITY-ST-ZIP	
TITLE	D GALLANT, MARIE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLANT, MARIE	NAME	
STREET ADDRESS	3550 DAVIE BLVD	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL	CITY-ST-ZIP	
TITLE	SD ALLAN, J CHRIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN, J CHRIS	NAME	
STREET ADDRESS	3550 DAVIE BLVD	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL	CITY-ST-ZIP	
TITLE	ANN ARCHARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN ARCHARD	NAME	
STREET ADDRESS	3550 DAVIE BLVD	STREET ADDRESS	STATEMENTS
CITY-ST-ZIP	FT LAUDERDALE, FL 33312	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 *Ann Archard, Elder*