## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 707391** 

FILED Jan 18, 2007 Secretary of State

Entity Name: CHURCH OF ONTOLOGY, INC. **Current Principal Place of Business: New Principal Place of Business:** CHURCH OF ONTOLOGY 408 KEN COVE RD HOT SPRINGS, NC 28743 **New Mailing Address: Current Mailing Address:** AGENTS & CORP INC CHURCH OF ONTOLOGY 408 KEN COVE RD NAPLES, FL 34102 HOT SPRINGS, NC 28743 FEI Number: 59-1082450 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AGENTS AND CORPORATIONS, INC. SUITE E, 77E 4TH AVE. NORTH NAPLES, FL 34102 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: AGENTS AND CORPORATIONS, INC. Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete YANTISS, ROBERT Name: Name: 408 KEN COVE RD Address: Address: City-St-Zip: HOT SPRINGS, NC 28743 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: YANTISS, MARY Name: Address: 408 KEN COVE RD Address: City-St-Zip: HOT SPRINGS, NC 28743 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MCNEIL, DARRELL Name: SMITH, PATSY Name: 408 KEN COVE RD 408 KEN COVE RD Address: Address: City-St-Zip: HOT SPRINGS, NC 28743 City-St-Zip: HOT SPRINGS, NC 28743 Title: (X) Delete Title: () Change () Addition Name: PURDY, CHRISTINE Name: Address: 408 KEN COVE RD Address: City-St-Zip: HOT SPRINGS, NC 28743 City-St-Zip: Title: Title: (X) Delete () Change () Addition SMITH, PATRICIA Name: Name: 408 KEN COVE RD Address: Address: HOT SPRINGS, NC 28743 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARY W YANTISS TD 01/18/2007