2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2007
Secretary of State

DOCUMENT# N02000001578

Entity Name: CHURCH WITHOUT WALLS OF INVERNESS, FLORIDA, INC.

Current Principal Place of Business:

1140 TURNER CAMP RD.
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

1140 TURNER CAMP RD.
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 30-0098311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, DOUGLAS SR.
1140 TURNER CAMP RD.
INVERNESS, FL 34453 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: DOUGLAS ALEXANDER SR.

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: ALEXANDER, DOUGLAS SR
Address: 786 N HAMBELTONIAN DR
City-St-Zip: INVERNESS, FL 34453

Title: T ( ) Delete
Name: THOMAS, DAMIEN K
Address: 2356 FORES DRIVE
City-St-Zip: INVERNESS, FL 34453

Title: T ( ) Delete
Name: TROWBRIDGE, TAMMY
Address: 4301 S PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

Title: T ( ) Delete
Name: SIMMONS, LYNDA
Address: 2696 N RAILROAD WAY
City-St-Zip: HERNANDO, FL 34442

Title: P ( ) Delete
Name: ALEXANDER, TERESA
Address: 786 N. HAMBELTONIAN DR
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: ALEXANDER, DOUGLAS SR
Address: 3788 INDIANHEAD DR.
City-St-Zip: HERNANDO, FL 34442

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: ALEXANDER, TERESA
Address: 3788 INDIANHEAD DR.
City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify 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: LYNDA SIMMONS T 10/04/2007

Electronic Signature of Signing Officer or Director — Date