2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010694

FILED Oct 10, 2005 Secretary of State

Entity Name: SOUTHWEST THEOLOGICAL CENTER, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 2754 ORANGE STREET FORT MYERS, FL 339162621 **Current Mailing Address: New Mailing Address:** 2754 ORANGE STREET P.O. BOX 50178 FORT MYERS, FL 339162621 FORT MYERS, FL 339940178 FEI Number: 16-1689823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STOCKTON, COMA L 11 KINGSMÁN CIRCLE FORT MYERS, FL 33905 US 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: COMA STOCKTON Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STOCKTON, MARY Name: Name: 2595 62ND AVENUE SOUTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33712 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILLIAMS, BEVERLY Name: Address: 3850 CENTRAL AVENUE #303 Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: () Delete Title: () Change () Addition MERRICKS, HERMAN Name: Name: 3820 HIGHLAND AVENUE Address: Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: Title: os () Delete Title: () Change () Addition Name: HARRIS, SYLVESTER Name: Address: 3049 ST. CHARLES STREET Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: Title: Title: () Delete () Change () Addition GAYMON, BEVERLY Name: Name: 1513 GARDENIA AVENUE Address: Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip:

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: MARY STOCKTON OFF 10/10/2005