2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007369

FILED Sep 04, 2006 Secretary of State

Entity Name: NEW LIFE FAMILY BIBLE INSTITUTE AND SEMINARY INC.

	rincipal Place of Business:	New Principal Place of Business:
	GRESS ST. RT RICHEY, FL 34653	
Current M	ailing Address:	New Mailing Address:
	GRESS ST. PT RICHEY, FL 34653	
n accordan	59-3257773 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did	•
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	N JR. TE TAIL LANE RT RICHEY, FL 34653 US	
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE: LEON NAIL, JR.	
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () Delete NAIL, LEON JR. 4822 WHITETAIL LN NEW PORT RICHEY, FL 34653	Title: () Change () Addition Name: Address: City-St-Zip:
only of Zip.		Gity-St-2ip.
Title: Name: Address:	S () Delete NAIL, SHARON L 4822 WHITETAIL LN NEW PORT RICHEY, FL 34653	Title: () Change () Addition Name: Address: City-St-Zip:
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Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	NAIL, SHARON L 4822 WHITETAIL LN NEW PORT RICHEY, FL 34653 VP () Delete CAULKINS, DARRYL Q 937 WICKETRUN DR.	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	NAIL, SHARON L 4822 WHITETAIL LN NEW PORT RICHEY, FL 34653 VP () Delete CAULKINS, DARRYL Q 937 WICKETRUN DR. BRANDON, FL 33510 D () Delete CAULKINS, BARBARA J 937 WICKETRUN DR.	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: 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: LEON NAIL, JR. PRES 09/04/2006