



2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N48940 1. Entity Name CHRIST UNITED METHODIST CHURCH OF LEHIGH ACRES, INC.			FILED 07 NOV 27 AM 11:41 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 600112600016 11/27/07--01024--003 *#236.25  REINSTATEMENT 07 11/2007 REIN-NP CR2E099 (1/07)
Principal Place of Business 1430 HOMESTEAD RD. N. LEHIGH ACRES, FL 33936 US		Mailing Address 1430 HOMESTEAD RD N LEHIGH ACRES, FL 33936 US	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIVIGES, JOHN 725 MIRROR LAKES DR LEHIGH ACRES, FL 33936		Name <u>Otero, Carlos</u> Street Address (P.O. Box Number is Not Acceptable) <u>1430 Homestead Rd N</u> City <u>Lehigh Acres</u> FL Zip Code <u>33936</u>	
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 <u>Carlos R. Otero</u>		DATE <u>11/15/07</u>	
Signature, typed or printed name of registered agent and title if applicable. <u>Carlos Otero</u>		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARVEY, JOHN 1001 ARTHUR AVE LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCall, Charles 207 5th Ave Lehigh Acres FL 33936 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTZ, MARILYN 807 PALM BLVD LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lyle, Javis 1229 Claremont St E Lehigh Acres FL 33936 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, EARL 1152 CHEROKEE AVE LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Hart, Earl 1152 Cherokee Ave Lehigh Acres FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OSTROWSKI, ROBERT 291 JUSTENE CIR LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rippentrop, Maureen 3012 8th St SW Lehigh Acres FL 33971 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, WILLIAM 3726 HYDE PARK DR. FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hill, Phillip 1822 Flagler Ave Lehigh Acres FL 33972 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAREISS, LATHAN 705 GORDON AVE. N LEHIGH ACRES, FL 33971 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McDyer, Bernie 11701 Larson Dr #4 Lehigh Acres FL 33936 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Earl Hart</u>		Date <u>11/15/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>239-369-1433</u>	