


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N98000003503**

1. Entity Name  
EUSTIS COMMUNITY FELLOWSHIP CHURCH, INC.



FILED  
06 NOV 28 PM 3:13

Principal Place of Business  
321 W. LAKEVIEW AVE  
EUSTIS, FL 32726

Mailing Address  
1110 SOUTH STREET  
EUSTIS, FL 32726

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10412006 REIN NP CR2E099 (11/05) 06 4  
**REINSTATEMENT**  
4. FEI Number 59-3738999  
Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PARKS, NICIE ALLEN 1110 SOUTH STREET EUSTIS, FL 32726		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2007, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, NICIE ALLEN	NAME	300092104183
STREET ADDRESS	1110 SOUTH STREET	STREET ADDRESS	11/28/06--01046--008 **\$61.25
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKEN, ANN REEVES	NAME	
STREET ADDRESS	312 CROKED LAKE RIDGE	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, DOROTHY	NAME	
STREET ADDRESS	1310 JULES COURT	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Nicie Allen Parks **NICIE ALLEN PARKS** 10/23/06 352/742-6530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #