

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 18, 2006
Secretary of State**

DOCUMENT# 703398

Entity Name: ST. MATTHEW'S LUTHERAN CHURCH OF MARION COUNTY, INC.

Current Principal Place of Business:

3453 N E SILVER SPRINGS BLVD
OCALA, FL 32670

New Principal Place of Business:

Current Mailing Address:

3453 N E SILVER SPRINGS BLVD
OCALA, FL 32670

New Mailing Address:

FEI Number: 59-1492627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WARK, GWENDA
1619 SE 5TH ST
OCALA, FL 34471 US

Name and Address of New Registered Agent:

WARD, GWENDA
1619 SE 5TH ST
OCALA, FL 34471 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: GWENDA WARD

11/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GWENDA, WARD
Address: 1619 SE 5TH ST.
City-St-Zip: Ocala, FL 344712511

Title: VP () Delete
Name: SCHAFFER, SUSAN
Address: 1619 SE 5TH ST
City-St-Zip: Ocala, FL 34471

Title: T () Delete
Name: CORNEILSON, JOHN
Address: 1619 SE 5TH ST
City-St-Zip: Ocala, FL 34471

Title: FS () Delete
Name: HARTMAN, HARRY
Address: 1619 SE 5TH ST
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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: GWENDA WARD, PRESIDENT

P

11/18/2006

Electronic Signature of Signing Officer or Director

Date