

1/2

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 16 AM 7:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10112007 REIN-NP CR2E099 (1/07)

4. FEI Number  
59-2344577

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WALKER, JAMES E SR.  
4214 OLLIE ROAD  
LAKELAND, FL 33809

## 7. Name and Address of New Registered Agent

Name BOBBY SCHELL  
Street Address (P.O. Box Number is Not Acceptable)  
107 McKean St  
City Lakeland FL Zip Code 33823

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.

BOBBY SCHELL

10/11/2007

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLZWORTH, TERRY 225 LARRY RD LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCLELLAND, RON 3543 ISLAND OAK N LAKELAND, FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKER, ROBERT 2418 BURNS ST LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC WALKER, JAMES 4214 OLLIE RD LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CUNNINGHAM, LOUIS 4914 ROLLINGLEN LOOP W LAKELAND, FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC BOBBY SCHELL 107 McKean St. Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Linda Mansfield 3185 Fort Socum Village Blvd. Lakeland FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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10/16/07 - 01058-008 \*\*70.00

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: BOBBY SCHELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOME: (863) 967-0259

CHURCH: (863) 665-0919

Date Daytime Phone #

10/17/07

## EASTSIDE BAPTIST CHURCH

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630 North Eastside Drive  
Lakeland , FL 33801

October 11, 2007

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 8700  
Tallahassee, Florida 32314

Dear Sir or Madam:

In respect to our 2007 corporation reinstatement, we regret that this was not completed in January. The former Pastor, Rev. James Walker, who always filled out these forms was very ill during this period and passed away March 13<sup>th</sup>, 2007. The acting secretary was unaware that this was not completed and was only made aware when we received the notice of dissolution. We respectfully request your consideration in waving the late fee. Enclosed is a check for \$70.00. The \$61.25 plus \$8.75 for a certificate of status.

Cordially,

Linda Mansfield