2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 707056

FILED Sep 07, 2006 Secretary of State

Entity Name: FIRST CHURCH OF THE NAZARENE OF HIGH SPRINGS, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 715 210 N.E SANTA FE BLVD SANTA FE BLVD HIGH SPRINGS, FL 32643

HIGH SPRINGS, FL 32643

Current Mailing Address: New Mailing Address:

P O BOX 715 P O BOX 715

SANTA FE BLVD HIGH SPRINGS, FL 32655-715 US

HIGH SPRINGS, FL 32643 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

ADAIR, JIM GROSTEFFON, STEVEN G
12302 N.W. 191ST TERRACE 11015 N.W. 60TH DRIVE
ALACHUA, FL 32615 US ALACHUA, FL 32615 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: STEVEN G. GROSTEFFON 09/07/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

itle: D () Delete Title: D (X) Change () Addition

 Name:
 ADAIR, JIM
 Name:
 SHIVER, ARTHUR M

 Address:
 POST OFFICE BOX 2162
 Address:
 12328 N.W. STATE ROAD 45

City-St-Zip: ALACHUA, FL 32615 City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete Title: D (X) Change () Addition Name: RHODEN, BUDDY Name: SHIVER, RENEE D

Address: 15420 NW 93RD STREET Address: 12328 N.W. STATE ROAD 45

Address: 15420 NW 93RD STREET Address: 12328 N.W. STATE ROAD 45
City-St-Zip: ALACHUA, FL 32615 City-St-Zip: HIGH SPRINGS, FL 32615

Title: D () Delete Title: () Change () Addition

 Name:
 CONERLY, DAVID
 Name:

 Address:
 20019 NW CR 2054
 Address:

 City-St-Zip:
 ALACHUA, FL 32615
 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: STEVEN G. GROSTEFFON D 09/07/2006