2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#710139

FILED Jan 29, 2008 Secretary of State

Entity Name: COMMUNITY BIBLE CHURCH OF ST. AUGUSTINE, INC.

Current Principal Place of Business: New Principal Place of Business: ST AUGUSTINE, FL 320866486 US **Current Mailing Address: New Mailing Address:** 3150 US 1 SOUTH ST AUGUSTINE, FL 32086 US FEI Number: 59-1605751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIMARE, W.FRANK 3545 US 1 SOUTH ST AUGUSTINE, FL 32086 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: W. FRANK DIMARE Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete JOHNS, JR. FRANK JOHNS, JR. FRANK Name: Name: 6245 CR 13 SOUTH Address: 6245 CR 13 SOUTH Address: City-St-Zip: HASTINGS, FL City-St-Zip: HASTINGS, FL Title: SD Title: () Delete () Change () Addition SNELL, FRED G, Name: Name: Address: 841 C.R. 13 SOUTH Address: City-St-Zip: SAINT AUGUSTINE, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition DIMARE, FRANK, DIMARE, FRANK, Name: Name: 4160 CREEKBLUFF RD. 4160 CREEKBLUFF RD. Address: Address: City-St-Zip: SAINT AUGUSTINE, FL City-St-Zip: SAINT AUGUSTINE, FL Title: TD Title: () Change () Addition () Delete Name: PALMER, MIKE Name: 119 SOUTHWIND CIR Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: Title: () Delete Title: () Change () Addition GALY, RON Name: Name: 107 ORNAGE DR Address: Address: City-St-Zip: EAST PALATKA, FL 32131 City-St-Zip: Title: () Delete Title: () Change () Addition WHITESELL, JIM Name: Name: Address: 120 GENTIAN RD Address: SAINT AUGUSTINE, FL 32086 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: W. FRANK DIMARE DIR 01/29/2008