

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 17 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312008 REIN-NP CR2E099 (1/07)

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # 717819 1. Entity Name AUDUBON PARK COVENANT CHURCH OF ORLANDO, FLORIDA, INC. | | | | | |
| Principal Place of Business 3219 E CHELSEA ST. ORLANDO, FL 32803 US | | | Mailing Address 3219 E CHELSEA ST. ORLANDO, FL 32803 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 3219 CHELSEA ST Suite, Apt. #, etc. | | | |
| City & State ORLANDO, FL | | City & State ORLANDO, FL | | 4. FEI Number 59-1377234 | |
| Zip 32803-6351 | | Zip 32803-6351 | | Country ORANGE | |
| 6. Name and Address of Current Registered Agent HUNT, J. DMITRI 654 FRIAR RD. WINTER PARK, FL 32792 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500138013655 11/17/08--01069--008 **245.00 City FL | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 11/13/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50 | | | Make check payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HENDERSON, ED 4034 QUENITA DR. WINTER PARK, FL 32792 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C WOJCIK, STEVE 1419 CLARKS SUMMIT CT ORLANDO, FL, 32828 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC MONTOKA, KATHY 1841 OAK LANE ORLANDO, FL 32803 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOJCIK, JUNE 1419 CLARKS SUMMIT CT. ORLANDO, FL, 32828 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C PICKETT, SANDY 3509 TENNESSEE AVE ORLANDO, FL 32808 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC PICKETT, SANDY 3509 TENNESSEE AV ORLANDO, FL 32808 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FS MONTOKA, CARMEN 1841 OAK LANE ORLANDO, FL 32803 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALIA, KENT 565 SPANISH TRAC DR ALDAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HAYNEY, PAULA 7478 SWALLOW RUN WINTER PARK, FL 32792 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GASKINS, BARBARA 2733 WOODSIDE DR WINTER PARK, FL 32789 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAULS, BESS 789 ORTONA COURT WINTER SPRINGS, FL 32708 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: | | | | DATE 11/12/08 C-407-415-0970 H-407-657-6849 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EDWIN C. HENDERSON | | | | Daytime Phone # | |