

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 17 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717985

1. Entity Name

THE CHURCH OF GOD WASHINGTON PARK, INC.



Principal Place of Business:

3621 WILTS STREET
ORLANDO, FL 32805

Mailing Address

3621 WILTS STREET
ORLANDO, FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
59-6541502

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMICK, JOHN M
501 E CHURCH STREET
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HARDEMON, K.P. ☐ Delete
STREET ADDRESS 3621 WILTS STREET
CITY- ST- ZIP ORLANDO, FL

TITLE ☐ Change ☐ Addition
NAME 500110897655
STREET ADDRESS 10/17/07--01038--005 **\$61.25
CITY- ST- ZIP

TITLE TD
NAME COOPER, KIM ☒ Delete
STREET ADDRESS 2033 BELAFONTE LN
CITY- ST- ZIP ORLANDO, FL 32811

TITLE TD
NAME JOE ROGERS ☒ Change ☐ Addition
STREET ADDRESS 3012 SEABROOKS AVE.
CITY- ST- ZIP ORLANDO, FL 32805

TITLE VD
NAME HARDEMON, EARLIST ☐ Delete
STREET ADDRESS 545 EARTH LANE
CITY- ST- ZIP ORLANDO, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD
NAME WILLIAMS, ROBERT ☐ Delete
STREET ADDRESS 9621 MCNORTON RD
CITY- ST- ZIP ALTAMONTE SPRINGS, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D
NAME ONAN, CHENAU H ☐ Delete
STREET ADDRESS 1817 HORNE AVE.
CITY- ST- ZIP ORLANDO, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

K.P. Hardeemon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 09, 2007 (407) 295-1249

Date

Daytime Phone #