

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 721541

FILED
Oct 19, 2004
Secretary of State**Entity Name:** FIRST BAPTIST CHURCH OF ALTOONA, FLORIDA, INC.**Current Principal Place of Business:**42226 SR 19
P.O. BOX 97
ALTOONA, FL 32702**New Principal Place of Business:****Current Mailing Address:**42226 SR 19
P.O. BOX 97
ALTOONA, FL 32702**New Mailing Address:****FEI Number:** 59-2126039 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:**KELLEY, KEN
18712 CR 42/ PO BOX 1298
ALTOONA, FL 32702 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** M () Delete
Name: KELLEY, KEN DR
Address: 18712 CR 42/PO BOX 1298
City-St-Zip: ALTOONA, FL 32702**Title:** T () Delete
Name: COLLIER, EDWARD
Address: 42337 BIG OAK ROAD
City-St-Zip: ALTOONA, FL 32702**Title:** V () Delete
Name: WHITE, HOUSE
Address: 43710 EAST ROAD
City-St-Zip: PAISLEY, FL 32767**Title:** D () Delete
Name: NUNLEY, CHUCK
Address: 338 N CENTRAL AVE/PO BOX 1832
City-St-Zip: UMATILLA, FL 32784**Title:** T () Delete
Name: HOSIER, JOYCE
Address: 71 OUTLOOK ST.
City-St-Zip: UMATILLA, FL 32784**Title:** T () Delete
Name: JOHNSON, RUBY
Address: PO BOX 117
City-St-Zip: ALTOONA, FL 32702**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: HUDSON, ALAN
Address: 42540 BIG OAK RD
City-St-Zip: ALTOONA, FL 32702**Title:** T (X) Change () Addition
Name: HOSKINS, LYNN
Address: 535 W OCALA ST
City-St-Zip: UMATILLA, FL 32784**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEN KELLEY

DR

10/19/2004

Electronic Signature of Signing Officer or Director_____
Date