2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 722399

FILED Nov 04, 2009 Secretary of State

Entity Name: THIRD CHURCH OF CHRIST, SCIENTIST, SARASOTA, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 7660 CURTISS AVENUE SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 7660 CURTISS AVENUE SARASOTA, FL 34231 FEI Number: 23-7281257 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: WILKERSON, DAVID A 6812 SAGEBRUSH CIRCLE SARASOTA, FL 34243 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: DAVID WILKERSON Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SCHIERHOLTZ, WILLIAM F DAVID, WILKERSON A Name: Name: 6264 MIDNIGHT PASS RD. Address: DAVID WILKERSON Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34243 Title: () Delete Title: (X) Change () Addition WILKERSON, DAVID A Name: NEWVILLE, JACKIE Name: Address: 6812 SAGE BRUSH CIRCLE Address: 7660 CURTISS AVE City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34231 Title: () Delete Title: () Change () Addition LAND, DAVID Name: Name: Address: 4931 SILKWOOD DR. Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KAPERNIK, BARBARA Name: 7550 FAIRWAY WOODS DR Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: () Change () Addition ALLEN, MARJORIE E Name: Name: 3421 WOODMONT DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: Title: () Delete Title: () Change () Addition GARY, EDNA Name: Name: Address: 3702 ASTER DRIVE Address: SARASOTA, FL 34233 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: DAVID WILKERSON CD 11/04/2009