2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 736873

FILED Nov 24, 2009 Secretary of State

Entity Name: ST. LUKE'S UNITED METHODIST CHURCH OF FLORIDA GARDENS, INC.

Current Pri	incipal Place of Business:	New Principal Place of Business:
165 OHIO F LAKE WOR	RD. ITH, FL 33467	
Current Mailing Address:		New Mailing Address:
165 OHIO F LAKE WOR	RD. ITH, FL 33467	
FEI Number:	59-2297890 FEI Number Applied For() e with s. 607.193(2)(b), F.S., the corporation did no	FEI Number Not Applicable () Certificate of Status Desired () t receive the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
BURKHART, GORDON 1601 TIMBERLANE CIRCLE GREENACRES, FL 33463 US		SEYMOUR, SAM 49 W PALM AVENUE LAKE WORTH, FL 33467 US
The above in the State		surpose of changing its registered office or registered agent, or both,
SIGNATUR	E: SAM SEYMOUR	11/24/2009
	Electronic Signature of Registered Age	ent Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	T () Delete DEMARIO, DANIEL 5069 EL CLARO N WEST PALM BEACH, FL 33415	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete TOGNACCI, FRANCES 2722 DUDLEY DRIVE W. #D WEST PALM BEACH, FL 33415	Title: T (X) Change () Addition Name: REITMEYER, BOB Address: 3301 PIN OAK CT City-St-Zip: PALM BEACH GARDENS, FL 33410
Title: Name: Address: City-St-Zip:	T () Delete INSLEY, JEAN 67 W PINE TREE AVE LAKE WORTH, FL 33467	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete STULLER, PAULINE 11149 ALAMEDA BAY CT WELLINGTON, FL 33414	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete BURKHART, GORDON 1601 TIMBERLANE CIR GREENACRES, FL 33463	Title: T (X) Change () Addition Name: MARCHESE, ANTHONY Address: 7323 PINE PARK DRIVE N City-St-Zip: LAKE WORTH, FL 33467
Title: Name: Address: City-St-Zip:	T (X) Delete MARCHESE, ANTHONY 7323 PINE PARK DR. N LAKE WORTH, FL 33467	Title: () Change () Addition Name: Address: 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: SAM SEYMOUR T 11/24/2009