2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# 739423

Entity Name: INDEPENDENT FREE METHODIST CHURCH, INC.

Current Principal Place of Business:

1309 E GRANT AVE
MT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 213
MT DORA, FL 32757 US

New Mailing Address:

FEI Number: 59-2382873 **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:

DENNIS, LEROY
7810 AUBURY CT
ORLANDO, FL 32835 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: LEROY DENNIS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ASHLEY, CALVIN A.
Address: P.O. BOX 577 N/A
City-St-Zip: DELAND, FL

Title: P ( ) Delete
Name: TAYLOR, LUCIOUS
Address: 4931 NW 52ND PL
City-St-Zip: OCALA, FL 34482

Title: VP ( ) Delete
Name: JAMES, NATHANIEL
Address: 633 LEMONWOOD CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: DURIAS, TIFFANY
Address: 1829 JEFFERSON DR
City-St-Zip: MOUNT DORA, FL 32757

Title: T ( ) Delete
Name: FLUID, PEGGY
Address: 800 S HIGH STREET
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ASHLEY, CALVIN A
Address: P.O. BOX 577
City-St-Zip: DELAND, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: LUCIOUS TAYLOR P 09/28/2009
Electronic Signature of Signing Officer or Director — Date