2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 739633

1. Entity Name
THE CALVARY BAPTIST CHURCH OF ALACHUA, INCORPORATED

FILED
05 NOV 17 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2005
11022005 REIN-NP CR2E099 (6/04)

Principal Place of Business	Mailing Address
13920 NW US HWY 441 ALACHUA, FL 32615 US	PO BOX 1227 ALACHUA, FL 32616 US

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 59-2037860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDEWAARD, ROBERT C.
618 N.E. FIRST STREET
P.O. BOX 2297
GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $61.25
After January 1, 2006, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILTON, JERRY D REV 3128 NW 41ST AVE GAINESVILLE, FL 32605	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARY L. THOMAS 6003 NW 112 PL ALACHUA, FL 32615	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AUSTIN, JERRY G 5112 NW 93RD AVE. GAINESVILLE, FL 326537808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400061512334 11/17/05--01030--011 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KING, LEON W 1087 S. DIVISION ST. LAKE CITY, FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Gary L. Thomas 11-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #