

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 740948

FILED
Oct 02, 2009
Secretary of State

Entity Name: FORT COOPER MISSIONARY BAPTIST CHURCH OF INVERNESS, FLORIDA INC.

Current Principal Place of Business:

4222 S FLORIDA AVE
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

4222 S FLORIDA AVE
INVERNESS, FL 34450 US

New Mailing Address:

FEI Number: 59-1780323 **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:

WILLIS, THOMAS L PRES
7200 E. MANCHESTER CT.
FLORAL CITY, FL 34436 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: THOMAS L. WILLIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PAGAN, JOE TREAS
Address: 8040 E. DECATUR CT.
City-St-Zip: FLORAL CITY, FL 34436 US

Title: VD (X) Delete
Name: GORDON, JOHN D V. PRES
Address: 7200 E. SAVANNAH
City-St-Zip: FLORAL CITY, FL 34436

Title: PD () Delete
Name: WILLIS, THOMAS L PRES
Address: 7200 E. MANCHESTER CT.
City-St-Zip: FLORAL CITY, FL 34436 US

Title: SD () Delete
Name: TJERNLUND, RUSSELL SEC
Address: 800 TURNER CAMP RD.
City-St-Zip: INVERNESS, FL 34453 US

Title: D () Delete
Name: GREENE, MARY RUTH DIRECT
Address: 8801 E. MOONRISE LN. #72
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: THOMAS L. WILLIS

Electronic Signature of Signing Officer or Director

PRES

10/02/2009

Date