2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 24, 2008
Secretary of State

DOCUMENT# 740968

Entity Name: MACEDONIA EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

11415 HOPE INTERNATIONAL DR
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

11415 HOPE INTERNATIONAL DR
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 59-1823851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SCHAFFER, ALFRED W.
11407 FAITH CIRCLE
TAMPA, FL 33625 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: ALFRED W. SCHAFFER
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHAFFER, ALFRED W
Address: 11407 FAITH CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: VD ( ) Delete
Name: HIGGINS, MATTHEW,
Address: 11407 FAITH CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: ST (X) Delete
Name: RIFFE, DAVID,
Address: 11407 FAITH CIRCLE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHAFFER, ALFRED W
Address: 11415 HOPE INTERNATIONAL DR.
City-St-Zip: TAMPA, FL 33625

Title: SD (X) Change ( ) Addition
Name: HIGGINS, MIKE,
Address: 11415 HOPE INTERNATIONAL DR.
City-St-Zip: TAMPA, FL 33625

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: ALFRED W. SCHAFFER PD 10/24/2008
Electronic Signature of Signing Officer or Director — Date