

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 741553

FILED
Oct 16, 2009
Secretary of State

Entity Name: VICTORY CHRISTIAN CENTER OF THE ASSEMBLIES OF GOD OF FORT MYERS, INC.

Current Principal Place of Business:

11431 PALM BEACH BLVD
FT. MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

11431 PALM BEACH BLVD
FT. MYERS, FL 33905 US

New Mailing Address:

FEI Number: 59-2016996 **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:

MCGOUGAN, DR. J RANKIN
12914 4TH ST
FORT MYERS, FL 33905 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: DR J. RANKIN MCGOUGAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEPHENS, TAMMIE
Address: 17333 TALLULAH FALL ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: GIBSON, ALBERT
Address: 27500 QUAIL AVE NW
City-St-Zip: LABELLE, FL 33935

Title: T () Delete
Name: HOOGERHYDE, BARBARA
Address: 1716 SE 7TH ST
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: SUMMERALL, DON
Address: 6690 WESTWOOD ACRES RD
City-St-Zip: FORT MYERS, FL 33905

Title: P () Delete
Name: MCGOUGAN, RANKIN
Address: 12914 FOURTH ST
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: HOWARD, CARL
Address: NORTH RIVER ROAD
City-St-Zip: ALVA, FL 33920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: GIBSON, SYLVIA
Address: 27500 QUAIL RUN AVE NW
City-St-Zip: LABELLE, FL 33935

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: DR. J. RANKIN MCGOUGAN

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10/16/2009

Electronic Signature of Signing Officer or Director

Date