2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 743134

FILED Mar 13, 2009 Secretary of State

Entity Na	me: FLORIDA CHRISTIAN MANOR, IN	C.		
Current P	Principal Place of Business:	New Principal Place of Bu	usiness:	
	RBY STREET WILLE, FL 32205			
Current M	Mailing Address:	New Mailing Address:		
3505 CORBY STREET JACKSONVILLE, FL 32205		201	303 HEGENBERGER ROAD 201 OAKLAND, CA 94621	
In accordan	r: 59-1862607 FEI Number Applied For (nce with s. 607.193(2)(b), F.S., the corporation of d Address of Current Registered Agen) FEI Number Not Applicable() C did not receive the prior notice.	ertificate of Status Desired (X)	
3505 COR	NN CHURCH HOMES RBY STREET IVILLE, FL 32205 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office	ce or registered agent, or both,	
SIGNATUI	RE: WINTHROP F. MARSHALL			
	Electronic Signature of Registered	d Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	V () Delete GEE, KAREY E L 3520 JACONA DR JACKSONVILLE, FL 32277	Title: () Cl Name: Address: City-St-Zip:	nange()Addition	
Title: Name: Address: City-St-Zip:	T () Delete EDDIE, SHEREE L 10755 GRAYSON ST JACKSONVILLE, FL 32020	Title: () Cl Name: Address: City-St-Zip:	nange()Addition	
Title: Name: Address: City-St-Zip:	S () Delete MURRAY, RODGER L 5319 SECLUDED OAKS LN JACKSONVILLE, FL 32217	Title: () Cl Name: Address: City-St-Zip:	nange()Addition	
Title: Name: Address: City-St-Zip:	P () Delete HULL, RICHARD J II 2841 RIVERSIDE AVE JACKSONVILLE. FL 32205	Title: () Cl Name: Address: City-St-Zip:	nange ()Addition	

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: WINTHROP F. MARSHALL VP 03/13/2009