

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 752803

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** CHRISTIAN ENDOWMENT FOUNDATION, INC.

**Current Principal Place of Business:**

P.O. BOX 547152  
ORLANDO, FL 328547152 US

**New Principal Place of Business:**

35849 CR 439  
EUSTIS, FL 32736 US

**Current Mailing Address:**

P.O. BOX 547152  
ORLANDO, FL 328547152 US

**New Mailing Address:**

P.O. BOX 1387  
EUSTIS, FL 32727 US

**FEI Number:** 59-2093912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DORMAN, PETER T  
35849 CR 439  
EUSTIS, FL 32726 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: PETER T. DORMAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAFFETT, DAN  
Address: 2187 COUNTRY SIDE CIR SOUTH  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: GILSTRAP, L A  
Address: 3012 MERCY DR  
City-St-Zip: ORLANDO, FL

Title: SDT ( ) Delete  
Name: SHILLING, MARCIA  
Address: 1898 TURNBERRY TERR  
City-St-Zip: ORLANDO, FL

Title: MD ( ) Delete  
Name: DORMAN, PETER T  
Address: 35849 CR 439  
City-St-Zip: EUSTIS, FL

**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:

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: PETER T. DORMAN

RA

04/27/2007

Electronic Signature of Signing Officer or Director

Date