


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 761168		
1. Entity Name HILAND PARK UNITED METHODIST CHURCH, INCORPORATED		

Principal Place of Business 2420 E BALDWIN RD PANAMA CITY, FL 32405	Mailing Address 2420 E BALDWIN RD PANAMA CITY, FL 32405
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2921 Bradenton Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Panama City, FLA	
Zip	Country	Zip	Country
		32405	Bay

6. Name and Address of Current Registered Agent WHITLEY, JOE 320 LIDDON PLACE LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name Bill Little Street Address (P.O. Box Number is Not Acceptable) 2921 Bradenton Ave. City Panama City, FL Zip Code 32405	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bill Little DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$81.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, MAXWELL R 703 BUNKERS COVE RD PANAMA CITY, FL 32401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Little 2921 Bradenton Ave Panama City, FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, JOHN 217 PINE RIDGE DR PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Margie Vassie 1023 W 12th. court Panama City, FL 32401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEGEMAN, RUBY M 3026 SELMA AVE PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ginger Ketcham 701 Beachcomer Drive Lynn Haven, FL 32444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEGEMAN, WALLACE O 3026 SELMA LANE PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Ma/13</u> 900112178269 11/09/07--01046--022 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITLEY, JOE 320 LIDDON PLACE LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Little DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
07 NOV -9 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

