

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 19 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # 765401**  
1. Entity Name  
**NETTLES ISLAND CHURCH, INC.**

Principal Place of Business <b>828 NETTLES BLVD. JENSEN BEACH, FL 34957</b>	Mailing Address <b>828 NETTLES BLVD. JENSEN BEACH, FL 34957</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

10162005 REIN-NP CR2E099 (6/04)

4. FEI Number <b>59-2370339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PRENTICE, ROBERT R**  
**828 NETTLES BLVD.**  
**JENSEN BEACH, FL 34957**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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: ROBERT R. PRENTICE TREASURER Robert R. Prentice 10-17-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2006, 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 <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRENTICE, ROBERT R			NAME	<b>000060777390</b>		
STREET ADDRESS	828 NETTLES BLVD.			STREET ADDRESS	10/19/05--01049--017 **61.25		
CITY-ST-ZIP	JENSEN BEACH, FL 34957			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHELSEN, EUGENE			NAME			
STREET ADDRESS	765 NETTLES BLVD			STREET ADDRESS			
CITY-ST-ZIP	JENSEN BCH, FL 34957			CITY-ST-ZIP			
TITLE	TT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAAS, BILL			NAME			
STREET ADDRESS	623 NETTLES BLVD			STREET ADDRESS			
CITY-ST-ZIP	JENSEN BCH, FL 34957			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOUMA, ROSE			NAME			
STREET ADDRESS	275 NETTLES BLVD			STREET ADDRESS			
CITY-ST-ZIP	JENSEN BCH., FL 34957			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert R. Prentice ROBERT R. PRENTICE 10-19-05 972-229-8991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #