

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -5 PM 12:20

CLERK OF STATE  
TALLAHASSEE, FLORIDA



11182008 REIN-NP CR2E099 (1/07)

4. FEI Number  
59-1768085  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRINCEFIELD, LARRY C  
6342 SE 123RD LANE  
BELLEVUE, FL 34420

7. Name and Address of New Registered Agent

Name Jeremy Watson  
Street Address (P.O. Box Number is Not Acceptable)  
6342 SE 123RD Ln  
Bellaire  
City FL Zip Code 34420

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 [Signature] DATE 11/25/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25  
After January 1, 2009, Fee will be \$297.50

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRINCEFIELD, LARRY C 6343 SE 123RD LANE BELLEVUE, FL 34420	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EGGART, BRENDA 15959 SE HWY 301 SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN VORCE, LOWELL 13129 SE 49TH CT BELLEVUE, FL 34420	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRANT, MARY 1618 B KILLARNEY CT OCALA, FL 34472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, MARY 7155 SE 119TH PLACE BELLEVUE, FL 34420	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pastor Jeremy Watson 6342 SE 123RD Ln Bellevue FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bob Mahood <del>1734 E. 2248 Avon Loop</del> Lody Lake, FL <del>34420</del> 32162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Stephanie Watson 6342 SE 123RD Ln Bellevue FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: [Signature] Jeremy Watson 11/25/08  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

12/5/08