

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 769973

FILED  
Oct 30, 2009  
Secretary of State

**Entity Name:** WESLEY CHAPEL FREE METHODIST CHURCH, INC.

**Current Principal Place of Business:**

551821 US HWY 1  
HILLIARD, FL 32046

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 67  
HILLIARD, FL 32046

**New Mailing Address:**

**FEI Number:** 85-0486715      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LAWRENDINE, JUSTIN  
551817 US HWY 1 / BOX 67  
JACKSONVILLE, FL 32046      US

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

LAURENDINE, JUSTIN  
551817 US HWY 1 / BOX 67  
JACKSONVILLE, FL 32046      US

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: JUSTIN LAURENDINE

10/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: LAURENDINE, JUSTIN  
Address: 551821 US HWY 1  
City-St-Zip: HILLIARD, FL 32046

Title: TD      ( ) Delete  
Name: CONAWAY, EDITH  
Address: 34398 HATHAWAY DR  
City-St-Zip: CALLAHAN, FL 32011

Title: SD      ( ) Delete  
Name: SMITH, NATALIE  
Address: 175646 BAY RD  
City-St-Zip: HILLIARD, FL 32046

Title: D      ( ) Delete  
Name: BULFORD, GEORGE  
Address: 37595 BULFORD RD  
City-St-Zip: HILLIARD, FL 32046

Title: D      ( ) Delete  
Name: WELLS, JEANNIE  
Address: 37263 RUBY DR  
City-St-Zip: HILLIARD, FL 32046

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: BULFORD, SUSIE  
Address: 37595 BULFORD RD  
City-St-Zip: HILLIARD, FL 32046

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: EDITH CONAWAY

TD

10/30/2009

Electronic Signature of Signing Officer or Director

Date