



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000004136 1. Entity Name NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC.					
Principal Place of Business 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342				Mailing Address 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342	
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">06 OCT 19 PM 3:44</div> <div style="font-size: 0.8em; margin-bottom: 10px;">CLERK OF THE STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 0.8em; margin-top: 10px;">09222006 REIN-NP CR2E099 (11/05)</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 58-1493949				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 <i>Mary R. Adams</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		MARY R. ADAMS <small>Assistant Secretary</small>		<div style="font-size: 1.5em; text-align: right;">10/16/06</div> <small>DATE</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, 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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLS, DAVID H 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 0.8em; margin-top: 10px;"> 400081301444 10/27/06--01053--004 --\$61.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWERS, KEN 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">REINSTATEMENT</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, DAVE D 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PARKER, TERRILL A 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAUTERIEK, ANTHONY 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BLUE, RONALD W ONE PREMIER PLAZA, 5605 GLENRIDGE RD. ATLANTA, GA 30342	<input type="checkbox"/> Delete		<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: <i>Kenneth M. Bolucas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="font-size: 1.2em; text-align: right;">9/27/06</div> <small>Date</small>	
<i>Kenneth M. Bolucas, CEO</i>				<div style="font-size: 1.2em; text-align: right;">404-252-0100</div> <small>Daytime Phone #</small>	

Kenneth M. Bolucas, CEO

20 10/24