



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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|--|--|---|---|---|---------------------------------|---|--|
| DOCUMENT # F05000004136 1. Entity Name NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. | | | |  | | <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;">COUNTY OF STATE FLORIDA</div>  | |
| Principal Place of Business 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342 | | Mailing Address 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342 | | 09222006 REIN-NP CR2E099 (11/05) | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 4. FEI Number 58-1493949 | | | |
| City & State | | City & State | | Applied For <input type="checkbox"/> Not Applicable | | | |
| Zip | Country | Zip | Country | 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 ASSISTANT SECRETARY <small>(NOTE: Registered Agent signature required when reinstating)</small> | | 10/16/06 DATE | | | |
| 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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400091901444 10/27/06--01053--004 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOWERS, KEN 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JOHNSON, DAVE D 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342 | <input 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 | C PARKER, TERRILL A 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342 | <input 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 | D WAUTERIEK, ANTHONY 1100 JOHNSON FERRY RD., SUITE 900 ATLANTA, GA 30342 | <input 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 | VC BLUE, RONALD W ONE PREMIER PLAZA, 5605 GLENRIDGE RD. ATLANTA, GA 30342 | <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: <i>Kenneth M. Baucus</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 9/27/06 Date | | 404-252-0100 Daytime Phone # | | |

Kenneth M. Baucus, COO

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