

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000001457

FILED  
Dec 26, 2007  
Secretary of State

**Entity Name:** NORTH PORT COMMUNITY CHURCH OF GOD IN CHRIST CHURCH, INC.

**Current Principal Place of Business:**

5930 SAM SHAPOS WAY  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

12713 TAMiami TRAIL SOUTH  
NORTH PORT, FL 34287 US

**Current Mailing Address:**

P. O. 7580  
NORTH PORT, FL 34287 US

**New Mailing Address:**

P. O. 7580  
NORTH PORT, FL 34290 US

**FEI Number:** 59-3612723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

COLLINS, ELDER CALVIN E SR  
2779 COVER LANE  
NORTH PORT, FL 34286 US

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

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: CALVIN E COLLINS SR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: HILL, ICY LEE  
Address: 7505 WEXFORD RD  
City-St-Zip: NORTH PORT, FL 34287 US

Title: PT ( ) Delete  
Name: TAYLOR-HARRIS, RICHELLE  
Address: 4216 PAWTUCKET STREET  
City-St-Zip: NORTH PORT, FL 34286 US

Title: T ( ) Delete  
Name: COLLINS, MARCIA  
Address: 2779 COVER LANE  
City-St-Zip: NORTH PORT, FL 34286 US

Title: S ( ) Delete  
Name: HARRIS, CHANDRA  
Address: 6472 ELMWOOD ROAD  
City-St-Zip: NORTH PORT, FL 34287 US

Title: CEO ( ) Delete  
Name: COLLINS, CALVIN E SR  
Address: 2779 COVER LANE  
City-St-Zip: NORTH PORT, FL 34286 US

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

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

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

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

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: MARCIA R COLLINS

T

12/26/2007

Electronic Signature of Signing Officer or Director

Date