## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N0000001956

Entity Name: EL-BETHEL TABERNACLE DAY CARE, INC.

FILED Oct 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7703 PATRICIAN PLACE TAMPA, FL 33619

Current Mailing Address: New Mailing Address:

7703 PATRICIAN PLACE TAMPA, FL 33619

FEI Number: 59-3634288 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: Name and Address of New Registered Agent:

GORDON, NORRIS GORDON, NORRIS A REV. 27216 CORAL SPRINGS DR. 2803 PARK MEADOW DRIVE ZEPHYRHILLS, FL 33543 US VALRICO, FL 33594 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: NORRIS A. GORDON 10/12/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 GORDON, NORRIS
 Name:
 GORDON, NORRIS

 Address:
 27216 CORAL SPRINGS DR.
 Address:
 2803 PARK MEADOW DRIVE

City-St-Zip: ZEPHYRHILLS, FL 33543 City-St-Zip: VALRICO, FL 33594

Title: SD () Delete Title: SD (X) Change () Addition Name: GORDON, DOREEN SD (X) Change () Addition Name: GORDON, DOREEN

Address: 27216 CORAL SPRINGS DR. Address: 2803 PARK MEADOW DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33543 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: REV (X) Change ( ) Addition WALKER, PANSY STEWART, KENNETH REV. Name: Name: 1434 BUCKNER ROAD 4510 MAPLETREE LOOP Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NORRIS A. GORDON REV. 10/12/2005