

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000002978

FILED
Sep 26, 2005
Secretary of State

Entity Name: FT. PIERCE CHRISTIAN CENTERS, INC.

Current Principal Place of Business:

2499 SE LEITHGOW STREET
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2499 SE LEITHGOW STREET
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 22-3889357 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:

Name and Address of New Registered Agent:

MANGUM, WILLIAM R JR.
2499 SE LEITHGOW STREET
PORT ST LUCIE, FL 34952 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: WILLIAM R MNGUM JR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AGT () Delete
Name: MANGUM, WILLIAM R JR.
Address: 2499 SE LEITHGOW STREET
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VD () Delete
Name: SAUNDERS, MATTIE L OFC
Address: 2499 SE LEITHGOW STREET
City-St-Zip: PORT ST LUCIE, FL 34952

Title: SD (X) Delete
Name: JONES, ELEANOR M VFC
Address: 816 REVELS LANE
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MANGUM, MATTIE L OFC
Address: 2499 SE LEITHGOW STREET
City-St-Zip: PORT ST LUCIE, FL 34952

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

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: MATTIE L MANGUM

OFC

09/26/2005

Electronic Signature of Signing Officer or Director

Date