2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000006875

Oc Secre

Oct 21, 2004 Secretary of State

Entity Name: WORLDWIDE CHRISTIAN SINGERS, INC.

Current Principal Place of Business: New Principal Place of Business: 323 PALM DR FLAGLER BEACH, FL 32136 **Current Mailing Address: New Mailing Address:** 323 PALM DR 221 SAN GABRIEL ST. FLAGLER BEACH, FL 32136 WINTER SPRINGS, FL 32708 FEI Number: 59-3725423 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: ARNETTE, V GLENN III 323 PALM DR FLAGLER BEACH, FL 32136 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ARNETTE, V GLENN III ARNETTE, V GLENN III Name: Name: 317 SOUTH SPAULDING COVE Address: 323 PALM DR. Address: City-St-Zip: HEALTHROW, FL 32746 City-St-Zip: FLAGLER BEACH, FL 32136 Title: () Delete Title: (X) Change () Addition Name: ARNETTE, SHANNON P Name: ARNETTE, SHANNON P Address: 317 SOUTH SPAULDING COVE Address: 323 PALM DR. City-St-Zip: HEALTHROW, FL 32746 City-St-Zip: FLAGLER BEACH, FL 32136 Title: () Delete Title: () Change () Addition SISTI, EDWARD A Name: Name: 2018 BARLINGTON DR E Address: Address: City-St-Zip: DELTONA, FL 32725 City-St-Zip: () Delete Title: Title: () Change () Addition DOUGHERTY, PATRICIA A Name: Name: 390 PALM DRIVE Address: Address: City-St-Zip: FLAGLER BEACH, FL 32136 City-St-Zip: Title: Title: () Delete () Change () Addition GUTHRIE, JAMES E Name: Name: 2440 CAROL WOODS WAY Address: Address: City-St-Zip: APOPKA, FL 32712 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: VGLENN ARNETTE DP 10/21/2004