


NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 28 PM 3:42

DOCUMENT # N00000006879	
1. Entity Name REFUGE BAPTIST CHURCH OF SEBRING, INC.	

Principal Place of Business 709 NORTH RIDGEWOOD DRIVE SEBRING, FL 33870	Mailing Address POST OFFICE BOX 1508 SEBRING, FL 33871-1508
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REINSTATEMENT 04-05



2. Principal Place of Business 300 N Pine Suite, Apt. #, etc. Sebring, FL	3. Mailing Address 1017 Dinner Lake Dr. Suite, Apt. #, etc. Sebring, FL
City & State Sebring, FL	City & State Sebring, FL
Zip 33870	Country
Zip 33870	Country

04202005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3694597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fec Required

6. Name and Address of Current Registered Agent BENTON, WOODROW W 1017 DINNER LAKE DRIVE SEBRING, FL 33870	7. Name and Address of New Registered Agent Name Stanford J. Perkins Street Address (P.O. Box Number is Not Acceptable) 1348 32nd Street City Sarasota FL Zip Code 34234
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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 Rev Stanford Perkins DATE 4-21-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCM BENTON, REV. WOODROW W REV. 1017 DINNER LAKE DRIVE SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCM Stanford Perkins 1348 32nd St. Sarasota, FL 34234 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVERETT, ROBERT S MR 4816 NW 6 STREET SEBRING, FL 33870 <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	SD COLLINS, DAWN MS 648 N. RIDGEWOOD DR. SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000054304260 05/12/05--01005--023 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOWNS, WILLIE E DEC. 2414 HOPE CIRCLE SEBRING, FL 33870 <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Mary Benton 1017 E Dinner Lake Dr. Sebring, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 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: Rev Stanford Perkins DATE 4-21-05 DAYTIME PHONE # 941-355-6073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR