

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 24 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10122005 REIN-NP CR2E099 (6/04)

DOCUMENT # N01000001241 1. Entity Name LIVING WORD FREE METHODIST CHURCH, INC.					
Principal Place of Business 4411 NW 60 ST OCALA, FL 34482			Mailing Address 4411 NW 60 ST OCALA, FL 34482		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5421 SHARON TRAIL Suite, Apt. #, etc.			
City & State _____		City & State LAKELAND, FL		4. FEI Number 59-3428118	
Zip _____		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOVETT, THOMAS M 5001 SW 20TH ST. #7611 OCALA, FL 34474				7. Name and Address of New Registered Agent Name RICHARD LEHMAN Street Address (P.O. Box Number is Not Acceptable) 5421 SHARON TRAIL City LAKELAND FL Zip Code 33810	
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 <u>Richard A Lehman JAC Trustee Chrm.</u> 10/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS TANNER, LYNN TRUSTEE <input checked="" type="checkbox"/> Delete 5720 NE 37TH ST. OCALA, FL 34488		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR, TRUS, TP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD LEHMAN 5421 SHARON TRAIL LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS PENZEL, LORRAINE TRUSTEE <input checked="" type="checkbox"/> Delete 4500 NW BLICHTON RD. LOT 128 OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060897386 10/24/05--01056--018 **236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS ACKED, PAUL <input checked="" type="checkbox"/> Delete 4500 BLICHTON RD OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP LOVETT, THOMAS M <input checked="" type="checkbox"/> Delete 5001 SW 20TH ST. #7611 OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAP LOVETT, KAREN K <input checked="" type="checkbox"/> Delete 5001 SW 20TH ST. #7611 OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS LOPEZ, MELVIN R OFFICER <input checked="" type="checkbox"/> Delete 6728 NW 62ND AVE. OCALA, FL 34482		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: <u>Richard A Lehman</u> 10/17/05 863 853 5983 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Richard A. Lehman					