## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N01000004272

FILED Oct 25, 2006 Secretary of State

Entity Name: CHRISTIAN RESOURCE CENTER OF BRADENTON, INC.

	i illioipai i idec	of Business:	New Principal Place	of Business:	
	TH AVENUE WE TO, FL 34221	EST			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	TH AVENUE WE TO, FL 34221	EST			
FEI Numbe	er: 65-1029346	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
435 - 10T	N, HARRY L JR, 'H AVENUE WE TO, FL 34221	DR EST US			
	e named entity : te of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATL	JRE: DR. HAR	RY L. MORGAN, JR.			
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICE	RS AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MORGAN, HAR 435 - 10TH AVE	ENUE WEST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HENDON, MAR 10519 CHEVAL	. PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address:	HENDON, MAR 10519 CHEVAL BRADENTON, I  D () MILLER, TIMO 1722 49TH AVE	VIN . PLACE FL 34202 ) Delete THY E EAST	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address:	HENDON, MAR 10519 CHEVAL BRADENTON, I  D MILLER, TIMO 1722 49TH AVE BRADENTON, I  D MATEER, MAR 11824 HOLLYH	VIN PLACE FL 34202 Delete FHY E EAST FL 34203 Delete K HOCK DRIVE	Name: Address: City-St-Zip: Title: Name: Address:	., .	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	HENDON, MAR 10519 CHEVAL BRADENTON, I  D ( ) MILLER, TIMO 1722 49TH AVE BRADENTON, I  D ( ) MATEER, MAR 11824 HOLLYH BRADENTON, I  D ( ) MYERS, STEVI 1634 SE FORE	VIN PLACE FL 34202 Delete FHY E EAST FL 34203 Delete K HOCK DRIVE FL 34202 Delete EN TERR	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: HARRY L MORGAN DR 10/25/2006