2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 01, 2007
Secretary of State

DOCUMENT# N01000005816

Entity Name: NEW LIFE WORSHIP CENTER OF OCALA, INC.

Current Principal Place of Business:

16100 SE 80TH AVE
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

PO BOX 1766
BELLEVIEW, FL 34421

New Mailing Address:

FEI Number: 59-3738633 **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:

FINNIE, GREGORY K SR
16100 SE 80TH AVE
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

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: GREGORY K. FINNIE, SR

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FINNIE, GREGORY K SR
Address: 16100 SE 80TH AVE.
City-St-Zip: SUMMERFIELD, FL 34491

Title: D ( ) Delete
Name: FINNIE, SHEILA L
Address: 16100 SE 80TH AVE.
City-St-Zip: SUMMERFIELD, FL 34491

Title: D ( ) Delete
Name: HOMMER, JEAN
Address: 1991 SW 80TH AVE.
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FINNIE, SHEILA L
Address: 16100 SE 80TH AVE.
City-St-Zip: SUMMERFIELD, FL 34491

Title: D (X) Change ( ) Addition
Name: FINNIE, GREGORY K SR
Address: 16100 SE 80TH AVE.
City-St-Zip: SUMMERFIELD, FL 34491

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

I hereby certify that the information supplied with this filing does not qualify 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: SHEILA L. FINNIE D 10/01/2007

Electronic Signature of Signing Officer or Director — Date