

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000006878

1. Entity Name
THE CHRISTIAN LEADERSHIP COUNCIL, INC.



Principal Place of Business
1245 PHEASANT RUN DR.
TALLAHASSEE, FL 32312

Mailing Address
P.O. BOX 10018
TALLAHASSEE, FL 32302

FILED

09 JAN 12 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122009 REIN-NP CR2E099 (1/07)

City & State

City & State

4. FEI Number
01-0671194

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRELAND, TIM
1245 PHEASANT RUN DR.
TALLAHASSEE, FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
DCEO
IRELAND, TIM ☐ Delete
STREET ADDRESS
110-A S MONROE ST
CITY-ST-ZIP
TALLAHASSEE, FL 32301

TITLE
NAME
100140381851 ☐ Change ☐ Addition
STREET ADDRESS
01/13/09--01001--004 **122.50
CITY-ST-ZIP

TITLE
NAME
DT
MITCHELL, JOSEPH ☐ Delete
STREET ADDRESS
2851 REMINTON GREEN CIR.
CITY-ST-ZIP
TALLAHASSEE, FL 32312

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
SD
SCHWEIZER, PETER ☐ Delete
STREET ADDRESS
2613 SADIE LANE
CITY-ST-ZIP
TALLAHASSEE, FL 32312

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
D
REED, KELLY W ☐ Delete
STREET ADDRESS
2122 WOODLAND DRIVE
CITY-ST-ZIP
ADA, OK 748204462

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #