2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007632

FILED Oct 26, 2004 Secretary of State

Entity Name: CHURCH OF GOD 7TH DAY OF S.W. FLORIDA, INC.

New Principal Place of Business: Current Principal Place of Business: 804 LOUIS AVE AVE LEHIGH ACRES, FL 33972 **Current Mailing Address: New Mailing Address:** 804 LOUIS AVE AVE LEHIGH ACRES, FL 33972 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent: WALTERS, DARREL W 804 LOUIS AVE AVE LEHIGH ACRES, FL 33972 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete CPD () Change () Addition WALTERS, DARREL W SR Name: Name: Address: 804 LOUIS AVE Address: City-St-Zip: LEHIGH ACRES, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: RACZRA, ROGER Name: Address: 3308 SE 2ND PL Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: (X) Change () Addition WALTERS, KATHY Name: WALTERS, KATHY Name: 804 LOUIS AVE Address: 804 LOUIS AVE Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: LEHIGH ACRES, FL 33972 () Change (X) Addition () Delete Title: Title: Name: Name: ELROD, AMY Address: Address: 2301 JETRIDGE ST City-St-Zip: City-St-Zip: ALVA, FL 33920

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHY WALTERS S 10/26/2004