

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000008573

FILED
Oct 05, 2006
Secretary of State

Entity Name: THE ALLIANCE FOR THE DISTRIBUTED CHURCH, INC.

Current Principal Place of Business:

530 DOG TRACK RD.
LONGWOOD, FL 327506546

New Principal Place of Business:

Current Mailing Address:

5125 ADANSON ST SUITE 500
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 01-0584557 **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:

PAGE, THOMAS P
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: THOMAS PAGE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOY, RANDALL DR.
Address: 3093 TIMPANA PT
City-St-Zip: LONGWOOD, FL 327793108

Title: D () Delete
Name: LOY, JULIE
Address: 3093 TIMPANA PT
City-St-Zip: LONGWOOD, FL 327793108

Title: D () Delete
Name: KOLDENHOVEN, KEN
Address: 104 SPRING LAKE LN
City-St-Zip: ALTAMONTE SPRINGS, FL 327146507

Title: D () Delete
Name: KOLDENHOVEN, LINDA
Address: 104 SPRING LAKE LN
City-St-Zip: ALTAMONTE SPRINGS, FL 327146507

Title: D () Delete
Name: HUNTER, JOEL DR.
Address: 203 SAVANNAH PK LOOP
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: HUNTER, BECKY
Address: 203 SAVANNAH PK LOOP
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: THOMAS PAGE

D

10/05/2006

Electronic Signature of Signing Officer or Director

Date