


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 28 PM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01731					
1. Entity Name EAST ORANGE COMMUNITY CHURCH, INC.					
Principal Place of Business 15060 OLD CHENEY HIGHWAY ORLANDO, FL 32828		Mailing Address 15060 OLD CHENEY HIGHWAY ORLANDO, FL 32828			
2. Principal Place of Business		3. Mailing Address			
Suits, Apt. #, etc.		Suits, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2364066	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent HANNAH, GARY D 414 E PINE ST., #701 ORLANDO, FL 32801			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
9. 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 <i>Gary D Hannah</i>		GARY D. HANNAH		DATE <i>Oct 9, 2005</i>	
FILE NOW!! FEB IS \$236.25 After January 1, 2005, Fee will be \$297.50		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOVE, JEWEL E		NAME	400060993744	
STREET ADDRESS	502 CAPEHART DRIVE		STREET ADDRESS	10/28/05--01036--004 **297.50	
CITY- ST- ZIP	ORLANDO, FL 32822		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANADA, LOTTIE		NAME		
STREET ADDRESS	15815 LARKSPUR STREET		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32826		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANNAH, HELEN		NAME		
STREET ADDRESS	414 E. PINE ST.		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANNAH, GARY		NAME		
STREET ADDRESS	414 E. PINE ST.		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32801		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, EDGAR		NAME		
STREET ADDRESS	2825 FRANKLIN		STREET ADDRESS		
CITY- ST- ZIP	ST. CLOUD, FL		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Gary D Hannah</i>		GARY D. HANNAH		DATE <i>Oct 9-2005</i>	

REINSTATEMENT 04-05