## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N02000000642

FILED Mar 09, 2005 Secretary of State

Entity Name: CHURCH OF GOD THE BIBLEWAY OF ARCADIA INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
159 S. LEE ARCADIA,	E AVE. , FL 34265				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
159 S. LEE ARCADIA,	E AVE. , FL 34265				
El Number	: 22-3850232	FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
WINTER I The above	MÁS AVE. SW HAVEN, FL 338		ourpose of changing its registere	d office or registered agent, or both,	
		NOON			
SIGNATUI	RE: RAY JOHI	NSON ic Signature of Registered Ag	ent	 Date	
OFFICER	S AND DIRECT	-		ES TO OFFICERS AND DIRECTO	
Γitle:	P ()	Delete	Title		
\ddress:	JOHNSON, RAY 610 THOMAS AV WINTER HAVEN	′JR VE. SW	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
oddress: Dity-St-Zip: Title: Jame: oddress:	610 THOMAS AV	√ JR √E. SW I, FL 33880 Delete ∕TON A E LN.	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: Address:	610 THOMAS AV WINTER HAVEN D ( ) COWART, CLAY 475 HONEY BEI POLK CITY, FL	T JR VE. SW N, FL 33880  Delete CTON A E LN. 33868  Delete RLEY VE. SW	Name: Address: City-St-Zip: Title: Name: Address:		
Varme: Address: Dity-St-Zip: Fitle: Varme: Address: Dity-St-Zip: Fitle: Varme: Address: Dity-St-Zip: Fitle: Varme: Address: Dity-St-Zip: Address: Dity-St-Zip: Address: Dity-St-Zip:	D () COWART, CLAY 475 HONEY BEI POLK CITY, FL  S () JOHNSON, SHIF 610 THOMAS AY WINTER HAVEN	T JR VE. SW N, FL 33880  Delete (TON A) E LN. 33868  Delete RLEY VE. SW N, FL 33880  Delete HARVEY E.	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition	

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: SHIRLEY JOHNSON S 03/09/2005