

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000006432

FILED  
Nov 17, 2008  
Secretary of State

**Entity Name:** SHADY GROVE BAPTIST CHURCH OF GRAND RIDGE, FLORIDA, INC.

**Current Principal Place of Business:**

7304 BIRCHWOOD RD  
GRAND RIDGE, FL 32442

**New Principal Place of Business:**

**Current Mailing Address:**

7304 BIRCHWOOD RD  
GRAND RIDGE, FL 32442

**New Mailing Address:**

**FEI Number:** 59-2344839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KINARD, ALLEN K  
580 BLUEBERRY DR  
GRAND RIDGE, FL 32442 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: ALLEN K. KINARD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SWAFFORD, JAMES E REV  
Address: PO BOX 947  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: T ( ) Delete  
Name: KINARD, ALLEN  
Address: 7304 BIRCHWOOD RD  
City-St-Zip: GRAND RIDGE, FL 32442

Title: T ( ) Delete  
Name: CARPENTER, CHERIE  
Address: 7304 BIRCHWOOD RD  
City-St-Zip: GRAND RIDGE, FL 32442

Title: T ( ) Delete  
Name: ROBERTS, LOLA N  
Address: 826 STONE RD  
City-St-Zip: GRAND RIDGE, FL 32442

Title: C ( ) Delete  
Name: KINARD, BEVERLY  
Address: 580 BLUEBERRY DR  
City-St-Zip: GRAND RIDGE, FL 32442

**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:

I hereby certify that the information supplied with this filing does not qualify 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: ALLEN K. KINARD

R A

11/17/2008

Electronic Signature of Signing Officer or Director

Date