

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009175

FILED
Oct 01, 2009
Secretary of State

Entity Name: FOUNTAIN HEAD BAPTIST CHURCH, INC.

Current Principal Place of Business:

157 OVIEDO BOULEVARD
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

157 OVIEDO BOULEVARD
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3587954 **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:

Name and Address of New Registered Agent:

BLAIR, VICTOR
2734 WILLOW CREEK DRIVE
OVIEDO, FL 32765 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: VICTOR BLAIR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: REV () Delete
Name: BLAIR, VICTOR
Address: 2734 WILLOW CREEK DR
City-St-Zip: OVIEDO, FL 32765

Title: MR () Delete
Name: MOSES, CLAFTON
Address: 1028 BECKSTROM DR
City-St-Zip: OVIEDO, FL 32765

Title: MRS () Delete
Name: LEWIS, VIOLET
Address: 221 DENISE STREET
City-St-Zip: OVIEDO, FL 32765

Title: MR () Delete
Name: JONES, BENJAMIN
Address: PO BOX 1197
City-St-Zip: GENEVA, FL 32732

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:

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: VICTOR BLAIR

MR

10/01/2009

Electronic Signature of Signing Officer or Director

Date