

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009465

FILED
Oct 11, 2007
Secretary of State

Entity Name: RIDGELAND COMMUNITY CHURCH, INC.

Current Principal Place of Business:

8681 W. IRLO BRONSON MEMORIAL HWY.
STE 120
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

% P.O. BOX 135096
CLERMONT, FL 34713

New Mailing Address:

FEI Number: 42-1569597 **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:

SARTIN, MARK D DR.
5500 LOMA VISTA LOOP
CHAMPIONS GATE, FL 33896 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: DR. MARK D. SARTIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SARTIN, MARK DR.
Address: P.O. BOX 135096
City-St-Zip: CLERMONT, FL 34713

Title: D () Delete
Name: PAGAN, JAIME
Address: 789 ROYAL PALM DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: SEAN, ROACH
Address: 7611 BENJI TRAIL
City-St-Zip: KISSIMMEE, FL 34747

Title: D () Delete
Name: CARTER, MICHAEL K
Address: 444 WHITBY ST.
City-St-Zip: DAVENPORT, FL 33896

Title: D () Delete
Name: SARTIN, SHERRI R
Address: 5500 LOMA VISTA LOOP
City-St-Zip: DAVENPORT, FL 33896

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: DR. MARK D. SARTIN

PD

10/11/2007

Electronic Signature of Signing Officer or Director

Date