

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002436

FILED
May 20, 2005
Secretary of State

Entity Name: CHRISTIAN ASSEMBLIES INTERNATIONAL, INC.

Current Principal Place of Business:

617 10TH STREET
BRADENTON, FL 34205 US

New Principal Place of Business:

810 STRATFORD ST
TAMPA, FL 33603 US

Current Mailing Address:

10608 BROKEN ARROW DRIVE
THONOTOSASSA, FL 33592

New Mailing Address:

810 STRATFORD ST.
TAMPA, FL 33603

FEI Number: 16-1657281 **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:

WOODY, JAMAAL
1718 W. 7TH AVE.
SUITE 2010
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

BOWLES, RITA
810 STRATFORD ST
TAMPA, FL 33603 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: RITA R. BOWLES

05/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPVP () Delete
Name: WYNN, RANDOLF
Address: 10608 BROKEN ARROW DRIVE
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: DT () Delete
Name: MARTINEZ, AMANDA
Address: 10608 BROKEN ARROW DRIVE
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: DS () Delete
Name: CARTER, PATRICIA R
Address: 10608 BROKEN ARROW DRIVE
City-St-Zip: THONOTOSASSA, FL 33592 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVP (X) Change () Addition
Name: LEWIS, SHERRY
Address: 810 STRATFORD ST.
City-St-Zip: TAMPA, FL 33603 US

Title: DT (X) Change () Addition
Name: PATTERSON, RONALD
Address: 810 STRATFORD ST.
City-St-Zip: TAMPA, FL 33603 US

Title: DS (X) Change () Addition
Name: BOWLES, RITA R
Address: 810 STRATFORD ST.
City-St-Zip: TAMPA, FL 33603 US

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: RITA R. BOWLES

DS

05/20/2005

Electronic Signature of Signing Officer or Director

Date