

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 31 AM 8:14

DOCUMENT # N03000003196					
1. Entity Name REFORMED CHURCH OF THE LIVING GOD OF FLORIDA, INCORPORATED					
Principal Place of Business 5980 BECKWORTH AVENUE MULBERRY, FL 33860			Mailing Address POST OFFICE BOX 378 BRADLEY, FL 33835		
2. Principal Place of Business - No P.O. Box # 5980 Beckworth Avenue		3. Mailing Address PO Box 378			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11032008 REIN-NP CR2E099 (1/07)	
City & State Mulberry, FL		City & State Bradley, FL		4. FEI Number 59-3220010	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMON, JAMES BISHOP 5980 BECKWORTH AVENUE MULBERRY, FL 33860			7. Name and Address of New Registered Agent Name: James Simon Street Address (P.O. Box Number is Not Acceptable): 5980 Beckworth Avenue City: Mulberry FL Zip Code: 33860		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>James Simon</u> 12/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME SIMON, JAMES	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5880 BLACK AVENUE	CITY-ST-ZIP PIERCE, FL 33860		STREET ADDRESS 300139489113	CITY-ST-ZIP 01/05/09--01064--019 **236.25	
TITLE VD	NAME DARDEN, PERCY L	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3736 WEAVER ROAD	CITY-ST-ZIP WILSON, NC 278939441		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	NAME DARDEN, CLEO	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3736 WEAVER ROAD	CITY-ST-ZIP WILSON, NC 278939441		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	NAME STEVENSON, ROBERT L	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 335 WILLIAMS STREET	CITY-ST-ZIP PIERCE, FL 33860		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James Simon</u>			12/7/08 (863) 425-2227		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		