

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003521

FILED
Oct 04, 2004
Secretary of State**Entity Name:** SOUTHEAST EPISCOPAL DIOCESE OF THE WORD OF FAITH, INC.**Current Principal Place of Business:**3810 N 40TH STREET
TAMPA, FL 33605 US**New Principal Place of Business:****Current Mailing Address:**3810 N 40TH STREET
TAMPA, FL 33605 US**New Mailing Address:****FEI Number:** 11-3685986 **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:**LEWIS, MICHEAL
3810 N 40TH STREET
TAMPA, FL 33605 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: TYSON, CHANDRA
Address: 3810 N 40TH STREET
City-St-Zip: TAMPA, FL 33605 US**Title:** DS () Delete
Name: CARTER, PATRICIA
Address: 3810 N 40TH STREET
City-St-Zip: TAMPA, FL 33605 US**Title:** DT () Delete
Name: GENTLE, LOUISE D
Address: 3810 N 40TH STREET
City-St-Zip: TAMPA, FL 33605 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: LEWIS, MICHEAL
Address: 3810 N 40TH STREET
City-St-Zip: TAMPA, FL 33605 US**Title:** DS (X) Change () Addition
Name: TYSON, CHANDRA
Address: 3810 N 40TH STREET
City-St-Zip: TAMPA, FL 33605 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: BISHOP LEWIS

DP

10/04/2004

Electronic Signature of Signing Officer or Director

Date