2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2004
Secretary of State

DOCUMENT# N03000006072

Entity Name: PENSACOLA FELLOWSHIP FOR INTERNATIONAL REVIVAL AND EVANGELISM, INC.

Current Principal Place of Business:

446 BAY PINE VILLAS DRIVE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

446 BAY PINE VILLAS DRIVE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 01-0791876 **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:

FUNK, MICHAEL D
446 BAY PINE VILLAS DRIVE
PENSACOLA, FL 32506 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:	PD	( ) Delete
Name:	FUNK, MICHAEL D	
Address:	446 BAY PINE VILLAS DRIVE	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	VD	( ) Delete
Name:	GLADSTONE, ROBERT J	
Address:	3701 PATRIOT'S PLACE DRIVE	
City-St-Zip:	CONCORD, NC 28025	
Title:	SD	(X) Delete
Name:	PETER JOSEPH, DUANE COLIN	
Address:	720 S. 72ND AVE. UNIT 2	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	TD	( ) Delete
Name:	RAPHAEL, MILTON L SR.	
Address:	10116 BITTERN DRIVE	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	D	( ) Delete
Name:	VOLK, SCOTT ALAN	
Address:	401 MEGAN	
City-St-Zip:	CANTONMENT, FL 32533	

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 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: MICHAEL D FUNK PRES 10/22/2004
Electronic Signature of Signing Officer or Director — Date