

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000006589 1. Entity Name NORTH END COMMUNITY CHURCH OF MOLINO, FLORIDA, INCORPORATED.				 <div style="text-align: right;"> FILED 05 OCT 20 PM 2:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1917 CHANCE RD MOLINO, FL 32577		Mailing Address 1917 CHANCE RD MOLINO, FL 32577			
2. Principal Place of Business 5630 Hwy 196 Suite, Apt. #, etc.		3. Mailing Address PO Box 175 Suite, Apt. #, etc.			
City & State Molino FL		City & State Molino FL		4. FEI Number NOT APPLICABLE	
Zip 32577		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLCHANOFF, JOSEPH REV 7280 GIBSON RD MOLINO, FL 32577				7. Name and Address of New Registered Agent Name Schachle, Tony Street Address (P.O. Box Number is Not Acceptable) 5630 Molino Rd City Molino FL Zip Code 32577	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE Tony Schachle <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 000060821010 10/20/05--01044--006 **236.25 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, 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 NAME STREET ADDRESS CITY-ST-ZIP	P MOLCHANOFF, JOSEPH A REV 7280 GIBSON RD MOLINO, FL 32577	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Schachle, Tony 5630 Molino Rd Molino FL 32577	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PURVIS, ALAN 1917 CHANCE RD MOLINO, FL-32577	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LATHAN, JEFF 8646 SUNSET VIEW LANE MOLINO, FL 32577	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME 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 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 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>Alan Purvis</u> ALAN PURVIS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					