


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000009025 1. Entity Name CHURCH OF CHRIST AT EAST ORANGE, INC.						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 06 NOV 28 PM 3:25 </div>	
Principal Place of Business 25130 MATHEW ST CHRISTMAS, FL 32709				Mailing Address 25130 MATHEW ST CHRISTMAS, FL 32709			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3728752				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARSWELL, DANIEL 25130 MATHEW ST CHRISTMAS, FL 32709				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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: <i>Daniel Carswell</i> <i>Daniel Carswell</i> <u>10/22/06</u> <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 \$61.25 After January 1, 2007, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
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 SAWYER, MIKE 896 FT CHRISTMAS RD CHULUOTA, FL 32766	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sawyer, Mike</i> <i>896 Ft Christmas Rd</i> <i>Chuluota, FL 32766</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARSWELL, DANIEL 25130 MATHEW ST CHRISTMAS, FL 32709	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200082104272 11/28/06--01046--011 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHIRAH, KYLE 1156 WINDMILL GROVE CIR ORLANDO, FL 32828	<input checked="" 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 WHITESSELL, RANDY 2222 BLACK MANGROVE DR ORLANDO, FL 32828	<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	T HODGES, JIM 2360 KILDARE DR CHULUOTA, FL 32766	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hodges, Jim 2360 Kildare Dr Chuluota, FL 32766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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: <i>Paul D Carswell</i> <i>Paul D Carswell</i> <u>10/22/06</u> <u>707-435-2325</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							