2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1. Entity Nan FOUNDA Principal Plac 1300 3RD S	ATION HOLINESS CHURCH	9	T 18 AM RETARY OF NHASSEE F						
<i>r</i>									
2. Principal Place of Business Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					10042004	N-NP	CR2E099 (6/04)		
City & State City & State				 	4. FEI Number			oplied For	
rateland, FL Highland G			City		20-033	1433	No	ot Applicable	
33°80	SOI US 33846			intry 1514	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
NESBITT, ORLANDO C					Name Orlando C. Nesbitt				
3759 PAULA CT Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33813									
1920 East Edgeward Dr. Unit 6-3								3	
·				cilhake	land .		FL 358	5 3	
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 C. Nest A South Signature required when reinstating) Oct. 4: 3004 (NOTE: Registered Agent algorithms reinstating) DATE									
FILE NOWIII FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, 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 DI	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS IN	1 10	
TITLE Name	M Delete WALKER, AARON -		TITLE NAM	i i			Change	☐ Addition	
STREET ADDRESS	801 NW 1ST AVE		STRE	ET ADDRESS					
CITY-ST-ZIP	MULBERRY, FL 33860 D Delete			-ST-ZIP	20.0			T-T A A DEC.	
NAME	CHAPEL, SAMULE		TITLE NAM	i De	Derek A. Madden		Addition		
STREET ADDRESS CITY-ST-ZIP	2245 PUMP RD MULBERRY, FL 33880			et address 1 34	344 E. Edgewod Dr Oxeland, 17. 33803				
TITLE	M Delete		TITLE	- 100 100	: cc) poor at		Change	☐ Addition	
NAME STREET ADDRESS	BELL, YULONDA 2900 DUDLEY DR		NAM	ET ADDRESS	nary Jimerson 171600 Bella Vista				
CITY-ST-ZIP	BARTOW, FL 33830				Kuland, 14 33		,		
TITLE	T MODONALD THE MA	Delete	TITLE	Eve	angelist		Change Ch	☐ Addition	
NAME - SYREET ADDRESS -	MCDONALD, THELMA		NAM STRE		recilla Cook XX-Hnsley-Hv	·			
CITY-ST-ZIP	BARTOW, FL 33830 /		CITY	·st-z⊪ 🗞	utous til 33	0E8	•		
	<u> </u>								
TITLE NAME	,	☐ Delete	TITLE	:			Change	☐ Addition	
NAME STREET ADDRESS	,	☐ Delete	NAME STRE	E Et address		DO41 '040101			
NAME		☐ Delete	NAME STRE	E ET AODRESS -ST-ZIP		0041 040101	Change 7 0 4 6 9 3 7015 **E		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			NAME STRE CITY TITLE NAME	ET ADDRESS ST-ZIP	0.1 18/001 Junaters		704691 7015 **6	1.25	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STRE CITY THUE NAME STRE	ET ADDRESS ST-ZIP	10 10/08/ Justons Justonson Justonson PE	go-	704691 7015 **6	1.25	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee empr or on an attachment with an address,	Delete	NAME STRE CITY THLE NAME STRE CITY	ET ADDRESS ST-ZIP ST-ZIP ET ADDRESS 13: ST-ZIP	10 10/08/ critary conia Berl 39 Formay keland Fl	In. 33801	704691 7015 **E	1 . 25 M Addition	

ÉIÏ FD