

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000011017

FILED
Sep 20, 2007
Secretary of State

Entity Name: OSCEOLA CHRISTIAN CHURCH INC.

Current Principal Place of Business:

1122 KENTUCKY AVE
ST CLOUD, FL 34769

New Principal Place of Business:

1122 PENNSYLVANIA AVE
ST CLOUD, FL 34769

Current Mailing Address:

1122 KENTUCKY AVE
ST CLOUD, FL 34769

New Mailing Address:

P.O.BOX 701539
ST CLOUD, FL 34770

FEI Number: 59-1794135 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:

LANDIS, JERRY
1605 CYPRESS WOODS CIRCLE
ST CLOUD, FL 34772 US

Name and Address of New Registered Agent:

SMITH, MIKE
4159 LASALLE AVENUE
ST CLOUD, FL 34772 US

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: MIKE SMITH

09/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANDIS, JERRY
Address: 1605 CYPRESS WOODS CIRCLE
City-St-Zip: ST CLOUD, FL 34772

Title: D () Delete
Name: WISE, COVEY
Address: 1106 KENTUCKY AVENUE
City-St-Zip: ST CLOUD, FL 34769

Title: D () Delete
Name: JENKINS, DENNIS
Address: 1122 KENTUCKY AVE
City-St-Zip: ST CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, MIKE
Address: 4159 LA SALLE AVEUE
City-St-Zip: ST CLOUD, FL 34772

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 exemption stated 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 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: MIKE SMITH

D

09/20/2007

Electronic Signature of Signing Officer or Director

Date