

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 APR 18 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04172007 REIN-NP CR2E099 (1/07)

DOCUMENT # N04000000969 1. Entity Name RIGHT DIRECTION CHRISTIAN CENTER, INC.			
Principal Place of Business 1747 N.E. CAPITAL CIRCLE #807 TALLAHASSEE, FL 32308		Mailing Address 1747 N.E. CAPITAL CIRCLE #807 TALLAHASSEE, FL 32308	
2. Principal Place of Business - No P.O. Box # 1818 S. MONROE ST Suite, Apt. #, etc.		3. Mailing Address P.O. Box 52 Suite, Apt. #, etc.	
City & State Tallahassee FL Zip 32301		City & State Tallahassee FL Zip 32301	
4. FEI Number 03-0532133		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRYANT, GENERAL JR. 1747 N.E. CAPITAL CIRCLE #807 TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		900098052449 04/24/07--01008--011 **131.25	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE _____			
FILE NOW!!! FEE IS \$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 BRYANT, GENERAL JR. 8364 CHICKASAW TRAIL TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNHART, BYRON 1086 COOK ROAD LAMONT, FL 32336	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELLEMY, JAMES A 532 WEST GEORGIA TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPRADLEY, CEDRIC 682 MILLWOOD DRIVE HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, SANDRA 8978 NAZARETH ALICE DRIVE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		18 April 2007 (50) 321-4152 Date Daytime Phone #	