## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000001386

Entity Name: FLORIDA CHRISTIAN FELLOWSHIP INC.

FILED Oct 14, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4202 E. FOWLER AVENUE 12701 N.50TH ST

USF 30662 C26

TAMPA, FL 336203066 TAMPA, FL 33617

**Current Mailing Address: New Mailing Address:** 

4202 E. FOWLER AVENUE 12701 N.50TH ST USF 30662 C26

TAMPA, FL 336203066 TAMPA, FL 33617

FEI Number: 20-0722099 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

ABRAHAM, FRANKLIN J ABRAHAM, FRANKLIN J P 2922 NETWORK PLACE 12701 N.50TH ST

C26 APT. 101B LUTZ, FL 33559 US TAMPA, FL 33617 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: FRANKLIN JOSEPH ABRAHAM 10/14/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

ABRAHAM, FRANKLIN J ABRAHAM, FRANKLIN J Name: Name: Address: 2922 NETWORK PLACE #101B Address: 12701 N.50TH ST #C26

City-St-Zip: LUTZ, FL 33559 City-St-Zip: TAMPA, FL 33617

Title: Title: (X) Change ( ) Addition () Delete Name: PATEL, JALPA Name: PATEL, JALPA

Address: 14216 CYBER PLACE #202 Address: 14216 CYBER PLACE #202

City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33613

Title: (X) Delete Title: () Change () Addition

KURIAN, JOLLY Name: Name: 3401 NORTH LAKEVIEW DRIVE #1502 Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: FRANKLIN JOSEPH ABRAHAM 10/14/2005