
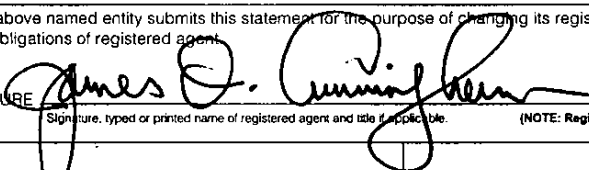



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002651						FILED 06 FEB 16 11:10:16 	
1. Entity Name LAKE BALDWIN COMMUNITY CHURCH, INC.							
Principal Place of Business 330 E CENTRAL BLVD ORLANDO, FL 32801				Mailing Address 330 E CENTRAL BLVD ORLANDO, FL 32801			
2. Principal Place of Business 3117 Edgewater Dr.				3. Mailing Address 3117 Edgewater Dr.			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Orlando, FL				City & State Orlando, FL			
Zip 32804		Country		Zip 32804		Country	
6. Name and Address of Current Registered Agent CUNNINGHAM, JAMES O 330 E CENTRAL BLVD ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Cunningham, James O. Street Address (P.O. Box Number is Not Acceptable) 3117 Edgewater Dr. City Orlando			
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.				4. FEI Number 20 0871726			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
\$8.75 Additional Fee Required				02052006 REIN-NP CR2E099 (11/05)			
SIGNATURE 				DATE 2/5/2006			
FILE NOW!!! FEE IS \$297.50				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	D HENRY, THOMAS F 330 E CENTRAL BLVD ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tilley, Michael W. 13018 Crystal Cove Dr. Orlando, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, JAMES O 330 E CENTRAL BLVD ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cunningham, James O. 3117 Edgewater Dr. Orlando, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALSTED, BRUCE P 330 E CENTRAL BLVD ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Halsted, Bruce P. 1625 Lakemont Ave Orlando, FL 32814	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKKELSON, WM, MICHAEL 330 E CENTRAL BLVD ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mikkelsen, WM, Michael 1653 Chase Landing Way Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, BARTON L 330 E CENTRAL BLVD ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Johnson, Barton L. 1214 Turner Rd. Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 2/24/04		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-04			
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: 				Feb. 5, 2006 321-303-7788			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			