2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -6 AM 8:56

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12/18/07--01016--001 **236.25

DOCUMENT # N04000005948

1. Entity Name
COMMUNITY OF FAITH CHURCH, INC.

Principal Place of Business	Mailing Address
% 1882 CAPITAL CIRCLE NE SUITE 206 TALLAHASSEE, FL 32308	% 1882 CAPITAL CIRCLE NE SUITE 206 TALLAHASSEE, FL 32308

10232007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 34-1999230 ☐ Applied For ☐ Not Applicable

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
BISBEE, H. RICHARD ESQ. 1882 CAPITAL CIRCLE NE SUITE 206 TALLAHASSEE, FL 32308	Name Street Address (P.O. Box Address Not Acceptable) REINSTATEMENT City **FL** Zip Code

12/10/07

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 (H. Richard Bisbee) 11.10.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2008, Fee will be $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	P MCFADDEN, CALVIN J 9141 SEAFAIR LANE TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McCrary, Candace 259 Oakview Drive Tallahassee, FL 32305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOLCOMB, KYM 1558 SPRUCE WOOD TR. TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Holcomb, Kym 2035 Duneagle Lane Tallahassee, FL 32317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOODLOE, BRENDA P 457 SAN MARTIN DR. TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Miles, Keith 3473 Gardenview Way Tallahassee, FL 32309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SINCLAIR, MARGO 2855 APALACHEE PKWY TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Sinclair-Thomas, Margo 4428 Anastasia Court Tallahassee, FL 32305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANKERSON, EARL J 4457 WESLEY DR TALLAHASSEE, FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rolle, Stenise 130 Salem Court Tallahassee, FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, VALERIE 2918 OLSON LANDING RD. TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Walker, Valerie 2660 Old Bainbridge Rd. Apt. 1503 Tallahassee, FL 32303	☒ Change ☐ 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: Calvin J. McFadden Calvin J. McFadden 11/7/07 850-201-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #