


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000007089		
1. Entity Name REFUGE TOUCH CHURCH, INC.		

Principal Place of Business 2700 COOLRIDGE AVENUE ORLANDO, FL 32804	Mailing Address 2700 COOLRIDGE AVENUE ORLANDO, FL 32804
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2. Principal Place of Business 2700 Coolidge Ave. Suite, Apt. #, etc.	3. Mailing Address 2700 Coolidge Ave. Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32804	Zip 32804
Country U.S.	Country U.S.

FILED
06 AUG 28 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09212006 REIN-NP CR2E099 (11/05)

6. Name and Address of Current Registered Agent HODGES, GEROG 585 SOUTH RONALD REAGAN BLVD, SUITE 121 LONGWOOD, FL 32750-5462		7. Name and Address of New Registered Agent Name: Howard, Howard and Hodges Street Address (P.O. Box Number is Not Acceptable): 720 Rodel Cove City: Lake Mary FL Zip Code: 32746	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNDLE, LASCELLES 1396 VICKERS LAKE DRIVE OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800080232128 09/27/06--01059--003 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNDLE, LORAIN 1396 VICKERS LAKE DRIVE OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN SR, EZEKIEL L 1304 CRAWFORD AVENUE ST CLOUD, FL 34769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, PHYLLIS 5681 ARTE COURT ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAMPAGNE, MICHELLE 203A PEITH COURT WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNDLE, LAVAL 1396 VICKERS LAKE DRIVE ORLANDO, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Lascelles Mundle Senior Pastor 9/24/06 401-296-4494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #