2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010725

FILED Oct 04, 2005 Secretary of State

Entity Name: SOLID GROUND CHRISTIAN FELLOWSHIP, INC.

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

8900 US HWY 19 N 14564 AERIES WAY DR. PINELLAS PARK, FL 33782 FORT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

8900 US HWY 19 N 14564 AERIES WAY DR. PINELLAS PARK, FL 33782 FORT MYERS, FL 33912

FEI Number: 20-2082934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'CONNOR, JAMES
8900 US HWY 19 N
PINELLAS PARK, FL 33782 US
O'CONNOR, JAMES
14564 AERIES WAY DR.
FORT MYERS, FL 33912 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: JAMES O'CONNOR 10/04/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 VOLLMER, DAVID
 Name:
 VOLLMER, DAVID

 Address:
 5901 CANTON STREET SOUTH
 Address:
 14564 AERIES WAY DR.

 City-St-Zip:
 ST. PETERSBURG, FL 33712
 City-St-Zip:
 FORT MYERS, FL 33912

Title: TD () Delete Title: () Change () Addition

 Name:
 RITCHIE, BILL MR.
 Name:

 Address:
 12911 EAGLE POINTE CIRCLE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33913
 City-St-Zip:

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

 Name:
 DEATON, JAY
 Name:

 Address:
 1350 HOPEDALE DRIVE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33919
 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.

SIGNATURE: DAVID VOLLMER PD 10/04/2005