

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 OCT 18 PM 1:56

<b>DOCUMENT # N04007</b> 1. Entity Name PAUL RUSSELL ROAD CHURCH OF CHRIST, INC.					
Principal Place of Business 916 PAUL RUSSELL RD. TALLAHASSEE, FL 32301			Mailing Address 916 PAUL RUSSELL RD. TALLAHASSEE, FL 32301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3214988</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  DANIELS, JAMES L SR 2435 BASSWOOD LANE TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMS, RAYMOND JR. 3014 KEVIN STREET TALLAHASSEE, FL 32310	<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	VCD BROWN, ALBERT JR. 1404 BALBOA DRIVE TALLAHASSEE, FL 32310	<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	SD MILLER, DAMON SR. 2202 WOODBINE DRIVE TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lane, Harold Sr. 8115 Tennyson Dr. Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANIELS, JAMES L 2435 BASSWOOD LANE TALLAHASSEE, FL 32308	<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 CONOLY, JAMES L 6008 BUCKLAKE ROAD TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600080961 10/18/06--01022--021 ***70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 06</b>	<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: <u>Harold Lane Sr.</u> <span style="float: right;">10/18/2006 891-8577</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					