


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04691</b>	
1. Entity Name <b>VILLAS WESLEYAN CHURCH, INC.</b>	

Principal Place of Business <b>C/O JOHN M ROTT 8400 BEACON BLVD. FT. MYERS, FL 33907</b>	Mailing Address <b>C/O JOHN M ROTT 8400 BEACON BLVD. FT. MYERS, FL 33907</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
04 OCT 28 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10252004 REIN-NP CR2E099 (6/04)

4. FEI Number <b>59-1901803</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ROTT, JOHN M 8400 BEACON BLVD.. FT. MYERS, FL 33907</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 	<b>JOHN M. ROTT: CHAIRMAN</b>	DATE <b>10-26-04</b>
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<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2005, 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTT, JOHN M 8400 BEACON BLVD. FORT MYERS, FL 33907 <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 DESOUZA, ANJI 203 HENRY AVE. LEHIGH ACRES, FL 33971 <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 CAMPBELL, JOHN 26390 SHERWOOD LN BONITA SPRINGS, FL 34195 <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 BOWKER, DAN 6630 CHIPPER LANE NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATHER, BILL 2281 CYRSTAL DR FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JERRY 2160 TREEHAVEN CIR. FORT MYERS, FL 33907 <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 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 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: 	<b>JOHN M. ROTT</b>	DATE <b>10-25-04</b>	DAYTIME PHONE # <b>(239) 936-5858</b>
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