

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004097

**FILED**  
**Oct 28, 2008**  
**Secretary of State**

**Entity Name:** HOPEWEAVER COMMUNITY CHURCH INC.

**Current Principal Place of Business:**

1606 CROSSFIELD DRIVE  
PLANT CITY, FL 33566

**New Principal Place of Business:**

3216 AZALEA DRIVE  
PLANT CITY, FL 33567

**Current Mailing Address:**

P.O. BOX 3418  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:** 06-1745486      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HUMPHREY, CAROLYN J  
1606 CROSSFIELD DRIVE  
PLANT CITY, FL 33566      US

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

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:** CAROLYN J. HUMPHREY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD      ( ) Delete  
**Name:** HUMPHREY, RANDALL J PASTOR  
**Address:** 513 EARNEST LANE  
**City-St-Zip:** TEMPLE, GA 30179

**Title:** VPD      ( ) Delete  
**Name:** HUMPHREY, KIMBERLY K  
**Address:** 513 EARNEST LANE  
**City-St-Zip:** TEMPLE, GA 30179

**Title:** COOD      ( ) Delete  
**Name:** HUMPHREY, BYRON K  
**Address:** 513 EAST DREW STREET  
**City-St-Zip:** PLANT CITY, FL 33563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD      (X) Change ( ) Addition  
**Name:** HUMPHREY, RANDALL J PASTOR  
**Address:** 3216 AZALEA DRIVE  
**City-St-Zip:** PLANT CITY, FL 33567

**Title:** VPD      (X) Change ( ) Addition  
**Name:** HUMPHREY, KIMBERLY K  
**Address:** 3216 AZALEA DRIVE  
**City-St-Zip:** PLANT CITY, FL 33567

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** ALICIA NIELSEN

MS.

10/28/2008

Electronic Signature of Signing Officer or Director

Date