

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006782

**FILED**  
**Oct 16, 2008**  
**Secretary of State**

**Entity Name:** BRIDGE CHRISTIAN FELLOWSHIP ORLANDO, INC.

**Current Principal Place of Business:**

434 PALM CREST LANE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

1681 EE WILLIAMSON  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

434 PALM CREST LANE  
LAKE MARY, FL 32746

**New Mailing Address:**

PO BOX 520026  
LONGWOOD, FL 32752 US

**FEI Number:** 16-1727811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

BART MALONE  
434 PALM CREST LANE  
LAKE MARY, FL 32746 US

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

BART MALONE  
1681 EE WILLIAMSON  
LONGWOOD, FL 32779 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: BART MALONE

10/16/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MALONE, BART A  
Address: 434 PALM CREST LANE  
City-St-Zip: LAKE MARY, FL 32746

Title: VD ( ) Delete  
Name: MALONE, KIMBERLEY S  
Address: 434 PALM CREST LANE  
City-St-Zip: LAKE MARY, FL 32746

Title: STD ( ) Delete  
Name: DOVE, BARRY W  
Address: 610 MANDERLEY RUN  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: DOVE, BARRY W  
Address: 8738 PISA DRIVE # 6210  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: NOLEN, DAWN R  
Address: 8738 PISA DRIVE #6210  
City-St-Zip: ORLANDO, FL 32810

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: MALONE, BART A  
Address: 1681 EE WILLIAMSON  
City-St-Zip: LONGWOOD, FL 32779 US

Title: VD (X) Change ( ) Addition  
Name: MALONE, KIMBERLEY S  
Address: 1681 EE WILLIAMSON  
City-St-Zip: LONGWOOD, FL 32779 US

Title: STD (X) Change ( ) Addition  
Name: DOVE, BARRY W  
Address: 1681 EE WILLIAMSON  
City-St-Zip: LONGWOOD, FL 32779 US

Title: DR (X) Change ( ) Addition  
Name: DOVE, BARRY W  
Address: 1681 EE WILLIAMSON  
City-St-Zip: LONGWOOD, FL 32779 US

Title: DR (X) Change ( ) Addition  
Name: BCFO,  
Address: 1681 EE WILLIAMSON  
City-St-Zip: LONGWOOD, FL 32779 US

Title: DR ( ) Change (X) Addition  
Name: BCFO,  
Address: 1681 EE WILLIAMSON  
City-St-Zip: LONGWOOD, FL 32779 US

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: BART MALONE

DR

10/16/2008

Electronic Signature of Signing Officer or Director

Date