



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000008654 1. Entity Name COMMUNITY OF LIFE ANGLICAN FELLOWSHIP, INC.						FILED 06 DEC 26 AM 11:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3375-G CAPITAL CIRCLE NE TALLAHASSEE, FL 32308				Mailing Address 3375-G CAPITAL CIRCLE NE TALLAHASSEE, FL 32308			
2. Principal Place of Business <i>3725 Apalachee Pkwy</i> Suite, Apt. #, etc.		3. Mailing Address <i>3725 Apalachee Pkwy</i> Suite, Apt. #, etc.		 REINSTATEMENT 11/05)			
City & State <i>Tallahassee, FL</i>		City & State <i>Tallahassee, FL</i>					
Zip <i>32311</i>		Zip <i>32311</i>					
Country <i>Leon</i>		Country <i>Leon</i>		4. FEI Number <i>20-3768608</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMSON, FRED 3375-G CAPITAL CIRCLE NE TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name <i>Mary H Smith</i> Street Address (P.O. Box Number is Not Acceptable) <i>4020 Old Bainbridge Rd</i> City <i>Tallahassee</i> FL Zip Code <i>32303</i>			
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 <i>Mary H Smith</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <i>12/26/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MARY 4020 OLD BAINBRIDGE RD. TALLAHASSEE, FL 32303			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, BRIAN 2387 LAKE HERITAGE DR. TALLAHASSEE, FL 32311			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMSON, FRED 3375-G CAPITAL CIRCLE NE TALLAHASSEE, FL 32308			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			
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.				600084097915 01/12/07--01004--013 ***61.25			
SIGNATURE: <i>Mary H Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>12/26/06</i> DAYTIME PHONE # <i>414-6554</i>			