

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009803

FILED  
Dec 01, 2008  
Secretary of State

**Entity Name:** STAGECOACH JUNCTION FELLOWSHIP, INC

**Current Principal Place of Business:**

7814 CCR 663  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 429  
NOBLETON, FL 34661

**New Mailing Address:**

FEI Number: 20-3517842      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:**

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

MONROE, THOMAS R  
7090 S FLORIDA AVE  
FLORAL CITY, FL 34436      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: THOMAS R. MONROE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MONROE, THOMAS R  
Address: 7090 S FLORIDA AVE  
City-St-Zip: FLORAL CITY, FL 34436

Title: TR ( ) Delete  
Name: MARCOTTE, MARGARETTE  
Address: 26109 GERONIMO ST  
City-St-Zip: BROOKSVILLE, FL 34601

Title: SC ( ) Delete  
Name: KNIGHT, LISSA  
Address: 7459 C-575  
City-St-Zip: BUSHNELL, FL 33513

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

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

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

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: THOMAS R. MONROE

P

12/01/2008

Electronic Signature of Signing Officer or Director

Date