

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011775

FILED
Feb 13, 2007
Secretary of State

Entity Name: FELLOWSHIP PRIMITIVE BAPTIST CHURCH AND CEMETERY, INC.

Current Principal Place of Business:

10232 STATE ROAD 674
WIMAUMA, FL 33598

New Principal Place of Business:

10232 STATE ROAD 674
WIMAUMA, FL 33598 US

Current Mailing Address:

10232 STATE ROAD 674
WIMAUMA, FL 33598

New Mailing Address:

1601 RICKENBACKER DRIVE
SUITE 8
SUN CITY CENTER, FL 33573 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

FITZPATRICK, SCOTT W
100 SOUTH EDISON AVENUE
SUITE D
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

FITZPATRICK, SCOTT W
1601 RICKENBACKER DRIVE
SUITE 8
SUN CITY CENTER, FL 33573 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: SCOTT W. FITZPATRICK

02/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLLAND, LINDA
Address: 1509 LAKE VIEW PLACE
City-St-Zip: INGLEWOOD, FL 33772

Title: VP () Delete
Name: NEICKIRK, FAY
Address: P.O. BOX 1162
City-St-Zip: SANFORD, FL 33772

Title: T () Delete
Name: PATERSON, DEAN
Address: 22035 GRANGE HALL LOOP
City-St-Zip: WIMAUMA, FL 33598

Title: D () Delete
Name: HOLLAND, MAGDALENE
Address: 815 N. HENDRY AVE.
City-St-Zip: FT. MEADE, FL 33841

Title: D () Delete
Name: HOLLAND, CLYDE
Address: 1509 LAKE VIEW PLACE
City-St-Zip: INGLEWOOD, FL 34223

Title: D () Delete
Name: SIKES, EDGAR
Address: 6115 PALM AVE.
City-St-Zip: GIBSONTOWN, FL 33534

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:

Title: () Change () Addition
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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 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: LINDA HOLLAND

P

02/13/2007

Electronic Signature of Signing Officer or Director

Date