

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012825

FILED
Oct 08, 2009
Secretary of State

Entity Name: BORN AGAIN CHURCH OF GOD, INC.

Current Principal Place of Business:

674 WEST COMSTOCK AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

674 WEST COMSTOCK AVENUE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

Name and Address of New Registered Agent:

WILSON, MARY PASTOR
674 WEST COMSTOCK AVENUE
WINTER PARK, FL 32789 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: MARY WILSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, MARY PASTOR
Address: 674 WEST COMSTOCK AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: BLUE, EARLENE
Address: 777 W. LYMAN AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: T () Delete
Name: GRISSOM, TAWANA
Address: 811 RAVENS CIRCLE #104
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: BONEY, ALENE
Address: 860 W. NEW ENGLAND AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: WASHINGTON, CONTINA
Address: 1265 OAK STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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
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: MARY WILSON

PAST

10/08/2009

Electronic Signature of Signing Officer or Director

Date