2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# N06000002813

Entity Name: JAMES CROFT EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

5214 MAIN ST.
OLUSTEE, FL 32072

New Principal Place of Business:

Current Mailing Address:

PO BOX 56
OLUSTEE, FL 32072

New Mailing Address:

FEI Number: 26-0483604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROFT, JAMES A
5214 MAIN ST.
OLUSTEE, FL 32072 US

Name and Address of New Registered Agent:

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: JAMES A. CROFT

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CROFT, JAMES A
Address: 5214 MAIN ST.
City-St-Zip: OLUSTEE, FL 32072

Title: D ( ) Delete
Name: LYONS, JAMES G
Address: 106 W BLVD N
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete
Name: FREEMAN, H. DONALD
Address: 350 SE BREAM LOOP
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete
Name: CROFT, JOHNNIE S III
Address: 283 NW LANDRESS TERRACE NO 101
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: MIMBS, BRIAN W
Address: 501 BLAIRSTONE RD. NO. 2224
City-St-Zip: TALLAHASSEE, FL 32301

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

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: D (X) Change ( ) Addition
Name: MIMBS, BRIAN W
Address: 70 CASCADE COURT
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Change (X) Addition
Name: ELIXSON, TERRY D
Address: 18105 NW 262ND AVE.
City-St-Zip: ALACHUA, FL 32615

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: JAMES A. CROFT P 10/09/2007

Electronic Signature of Signing Officer or Director — Date