2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000003272

FILED Feb 01, 2008 Secretary of State

Entity Name: BIBLE TEACHERS INTERNATIONAL-INDIANTOWN, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
P O BOX 2034 INDIANTOWN, FL 34956		14720 SW MARTIN LUTHER KING BLVD INDIANTOWN, FL 34956
Current N	Mailing Address:	New Mailing Address:
P O BOX 2 INDIANTO	2034 DWN, FL 34956	
FEI Number	: 20-3245963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
	WANDA / MARTIN LUTHER KING BLVD DWN, FL 34956 US	GROOMS, WANDA 14958 SW 171ST STREET INDIANTOWN, FL 34956 US
	e named entity submits this statement for e of Florida.	r the purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE: WANDA GROOMS	02/01/2008
	Electronic Signature of Registere	ed Agent Date
OFFICER	Electronic Signature of Registere S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address:	g g	· ·
Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECTORS: P () Delete BANKS, MARY 1112 HIDDEN SPIRIT TRAIL	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S AND DIRECTORS: P () Delete BANKS, MARY 1112 HIDDEN SPIRIT TRAIL LAWRENCEVILLE, GA 30045 VP () Delete THOMAS, MICHAEL 525 DOWLING CIR	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: LEANN KIKIVARAKIS DP 02/01/2008