## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N06000004825

FILED Dec 06, 2007 Secretary of State

Entity Name: GREATER BLESSINGS CHURCH OF ORLANDO, INC.

Current Principal Place of Business: New Principal Place of Business:

750 S ORANGE BLOSSOM TRAIL 5101 EDGEWATER DRIVE CLARCONA, FL 32710 CRLANDO, FL 32810

Current Mailing Address: New Mailing Address:

PO BOX 472

CLARCONA, FL 32710

FEI Number: 13-4333075 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:

VOLLEY, HENRY A 5260 MACADAMIA CT ORLANDO, FL 32818 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.

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SIGNATURE: HENRY VOLLEY

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 SCOTT, RANDOLPH D
 Name:
 VOLLEY, HENRY A

 Address:
 4241 MINOSO STREET
 Address:
 5260 MACADAMIA CT

 City-St-Zip:
 CLARCONA, FL 32811
 City-St-Zip:
 ORLANDO, FL 32818

Address: 5260 MACADAMIA CT Address: 4241 MINOSO STREET City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32811

Title: D () Delete Title: D (X) Change () Addition Name: SCOTT, MICHAEL Name: HENDERSON, GREG

Address: 4241 MINOSO STREET Address: 7221 CATAMARAN City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ORLANDO, FL 32835

Title: DST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 VOLLEY, SHARON
 Name:

 Address:
 5260 MACADAMIA CT
 Address:

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HENDERSON, GREGORY
 Name:

 Address:
 7221 CATAMARAN DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32835
 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: HENRY VOLLEY PD 12/06/2007